

Notebook collection authorization

The undersigned

Name.....
Date of birth.....
Street.....
Zip code, town/city.....

Student number (if known).....
Passport/ID card number.....

Hereby authorizes

Name.....
Date of birth.....
Street.....
Zip code, town/city.....
Passport/ID card number.....

To collect the notebook on his/her behalf.

This authorization is only valid if accompanied by a copy of the passport/ID card of both the student and the authorized representative.

Place.....
Date.....

Signature of student

Signature of authorized representative