

Authorization*

I, the undersigned,

..... [full name of as it figures in
official identification documents]

Date of birth [day/month/year]:

Full name of mother, given to her at her birth:

Permanent address:

hereby authorize

.....[full name as it figures in
official identification documents]

Number of personal identification document:

Permanent address:

to act in my stead and on my behalf, with full authority, in accordance with my letter of acceptance, during the enrolment procedure to Eötvös Loránd University, specifically the personal enrolment part, where they are authorized to sign all enrolment documents, declarations, and in case of a self-financed programme, the education agreement.

This authorization is valid until [day/month/year]:

.....

**Signature of the student
giving the authorization**

.....

Signature of the person authorized

Witness No.1

Name:

ID number.:

Address:

.....

.....

Signature of Witness No.1

Witness No.2

Name:

ID number.:

Address:

.....

.....

Signature of Witness No.2

Date [day/month/year]

*The form to be submitted must be bear all signatures in original hand-writing and in blue ink, also in case it is completed electronically. The completion of all fields is compulsory.