

**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 pick up my  
**final transcript of records and the certification of the ongoing issuance of my diploma**  
or my  
**diploma and diploma supplement**

(please underline any that apply)

from the relevant administrative unit of Eötvös Loránd University in Budapest.

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.