Kraków, on………………….…… *(date)*

................................................................................................

(Name and surname of the Student / Graduate)

…………………………………………………………………………………………...

(No. of Student album, form and mode of studies)

**Authorisation to collect the diploma of the completion of studies, along with copies and diploma supplement** \*

I hereby authorise Ms / Mr\*\*

……………………………………………………………………………………………………………………………………………………………

the bearer of the following ID (national ID / passport \*\*)

serial number, and ID number ………………………..…………………………………………………………………………………

to collect the diploma of the completion of studies issued to my name along with the set of copies (number of copies ………..) and supplement.

……………………………………………………………

Name, surname, and signature of the Applicant

This letter of Authorisation has been signed in the presence of an Employee of the Dean’s Office \*\*\* ………………………………………………………………………………………………….……………………… on ………………………………………….. *(date)*

by Ms / Mr\*\*

……………………………………………………………………………………………………………………………………………………………

the bearer of the following ID (national ID / passport \*\*)

serial number, and ID number ………………………..…………………………………………………………………………………

……………………………………………………………

Signature and individual name stamp of the Employee

\* The necessary condition for the law-binding Authorisation is the presentation of this Authorisation letter in person at the Dean’s Office, and making it possible for the Dean’s Office Employee to verify and confirm the authenticity of the signature of the Applicant who is granting the Authorisation. Alternatively, the authenticity of the signature may be confirmed by an office of the Notary Public.

\*\* Delete as appropriate.

\*\*\* Please enter the name of the unit, which is issuing the given diploma.