Kraków, date: complete date

Type your full name

(full name of the student/graduate)

type student ID number and programme of studies

 (student ID number, programme of studies)

**Authorization to collect the higher education diploma with its official copies and the supplement**

I hereby authorize please select: Ms/Mr

type full name of the autorized person

holding the please select: identity document/passport

series, number: type series, number

to collect the higher education diploma with the set of official copies and the supplement issued in my name.

Full name and the signature of the applicant

Full name and the signature of the applicant

This authorization was signed in the presence of the employee of name of the unit issuing the diploma, by please select: Ms/Mr

(type full name of the student/graduate)

holding the please select: identity document/passport

series, number: type series, number

……………………………..………………

Signature and name stamp of the employee

The authorization must be submitted in person at the office of the unit responsible for issuing the diploma, allowing for the JU employee to certify the authenticity of the signature of the person granting the authorization. Alternatively, the signature may be certified as authentic by the notary public