**Authorization form**

I, undersigned:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | Szöveg beírásához kattintson ide. | **ID / passport no:** | Szöveg beírásához kattintson ide. |
| **Mother’s maiden name:** | Szöveg beírásához kattintson ide. | **date of birth:** | Szöveg beírásához kattintson ide. |
| **Field of Study:** | Szöveg beírásához kattintson ide. | **Neptun-code:** | Szöveg beírásához kattintson ide. |

 ……………………………………….

 Signature of the authoritative\*

hereby authorize:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | Szöveg beírásához kattintson ide. | **ID / passport no:** | Szöveg beírásához kattintson ide. |
| **Mother’s maiden name:** | Szöveg beírásához kattintson ide. | **date of birth:** | Szöveg beírásához kattintson ide. |

 ……………………………………….

 Signature of the authorized agent\*

to deal with the following case instead of me with full authority at the University of Dunaújváros.

|  |
| --- |
| The **reason / purpose** of the authorization:Szöveg beírásához kattintson ide. |

Date\*: 20…… / …… / ……

|  |  |
| --- | --- |
| Wittness nr. 1Name\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Passport nr\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Wittness nr.2.Name\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Passport nr\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

The fields marked with \* have to be filled in with handwriting, the others shall be filled in electronically.