

.....
(Date and place)

.....
(Name and surname of the Student/Graduate)

.....
(Major)

.....
(Student number)

.....
(Place of residence)

.....
(Email/phone number)

.....
(Recipient)

**Authorization for collecting the university diploma together with its copies and the supplement*,
and other documents**

I hereby grant Mr/Ms, PESEL/passport* no.

....., residing in

....., the power of attorney to collect
these documents from the University of Warsaw on my behalf:

1. an original Bachelor/Master diploma*
2. a certified copy/copies of the Bachelor/Master diploma in Polish*
3. a certified copy of the Bachelor/Master diploma in (please choose the foreign language) *
4. an original supplement*
5. a certified copy of the supplement in Polish*
6. a certified copy of the supplement in English*
7. other documents (specify which documents):

.....
(handwritten, clear Student's/Graduate's signature)

*delete as appropriate