**AUTHORISATION**

I, the undersigned …………………………………………………………………………………………… (student’s name)

place of birth: …………………………………………………………………………………………………………………………….

date of birth: ……………………………………………………………………………………………………………………………..

ID number: ………………………………………………………………………………………………………………………………..

mother’s name: ………………………………………………………………………………………………………………………..

address: …………………………………………………………………………………………………………………………………….

phone number: ………………………………………………………………………………………………………………………….

Please fill in either point 1 or 2:

1. authorise the **Registrar’s Office of the University of Pécs, Faculty of Music and Visual Arts** to **send to me by registered post** the **underlined document** (grade book, diploma, diploma supplement) upon completion of my study programme: ……………………………………………………………………………………………………………………………………………..

to the following address:

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

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

1. authorise …………………………………………………………………………………………………..…………….. (name)

place and date of birth:…………………………………………………………………………………………………………

ID number: …………………………………………………………………………………………………………………………..

**to collect the underlined document** (grade book, diploma, diploma supplement) upon completion of my study programme: ……………………………………………………………………………………………………………………………………………..

Date:

 …………………………………………………………………..

 signature of the authoriser

Witness 1. Witness 2.

Name: ………………………………………………. Name: …………………………………………………….

Address ……………………………..……………… Address ……………………………..……………………

ID number: ……………………..………………… ID number: ………………..……………………………