|  |
| --- |
| **AUTHORIZATION** |

Undersigned student

mother's name:

place and date of birth:

address:

Passport number: …………………………………………………………………

Neptun code:

e-mail: ……………………………………………………………………………

telephone: ………………………………………………………………………...

**assign and authorize**

commissioner

mother's name:

place and date of birth:

address:

ID card or Passport number:

that he/she may have the full authority to receive the Degree Certificate and the Diploma Supplement acquired at ELTE BTK in BA/MA in ………………… on (dd.mm.yyyy) on behalf of the undersigned.

Date: , 2019. month day

student's signature

**I agree to the authorization:**

Date: , 2019. month day

commissioner's signature

**Witness:**

name:

address:

ID/passport number.:

signature:

**Witness:**

name:

address:

ID/passport number.:

signature: