Wrocław, ...........................

...........................................

name and surname

**Dean of the Faculty of Dentistry**

**Wroclaw Medical University**

AUTHORIZATION

I, the Undersigned, hereby authorize:

Mr/Mrs ................................................

Personal ID No. ..................................

Address: ................................................

to pick up the following documents from English Division Office\*:

* certificate of completing studies,
* original of the Diploma of completing studies,
* two official copies of the Diploma of completing studies
* Supplement to the Diploma
* translation of the Diploma of completing studies
* Supplement to the Diploma in English

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signature of the person giving authorization

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authorizing confirmation of the signature of the person giving authorization

by an Official of the University or a Notary Public

\* circle the appropriate