Student's Personal Details:	
Enrollment number	
Last name, First name	-
Street, Street number	-
Zip Code, City	_
e-mail	
Power of Attorney	
I hereby authorize Mr./Ms.	
☐ to pick up the following documents on my behalf:	
 □ report card, transcript of records and diploma supplement □ certificate □ other documents: 	
☐ to view my test records:	
List of Exams	-
The above-mentioned person is authorized to sign on my behalf.	
City, Date student's signature	-

Note: The authorized representative must present this authorization and his/her identity card to the Examination Office or the responsible instructor.