**Power of attorney**

**Undersigned

(maiden name:**

**place and date of birth:**

**mother’s maiden name:**

**address:**

**ID No type of document: )**

**authorize**

Semmelweis University (name of higher education institute) (head-quarters: H - 1085 Budapest,
Üllői út 26, identification/registration number: KRID: 648905308; TAX number: 15329808-2-42)

 (name of employee) employee

(maiden name:
place and date of birth:
mother’s maiden name:
address:
ID No, type of document: )

to act in full on my behalf and on behalf of the competent epidemiological authority in connection with the ordered official home quarantine exemption and to sign and receive the necessary documents.

By signing this power of attorney, I declare that I have read the data protection information of the Government Office of the Capital City Budapest regarding the procedure affected by the power of attorney.

**Date:**

 **signature**