

# Declaration

The undersigned .....

born on (dd/mm/yyyy) ..... in (city, county).....

declare to receive my degree\* ..... (degree's number)

on (dd/mm/yyyy) .....

Date (Place, dd/mm/yyyy):.....

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Student's signature

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Student's address

\*or degree of other person upon authorization

# AUTHORIZATION

The undersigned ....., I authorize.....

to receive my degree certificate (diploma) on my behalf and transmit it to me.

<p>Authorizing:</p> <p>Name:</p> <p>ID number:</p> <p>Address:</p> <p>signature</p>	<p>Authorized:</p> <p>Name:</p> <p>ID number:</p> <p>Address:</p> <p>signature</p>
<p>Witness:</p> <p>Name:</p> <p>ID number:</p> <p>Address:</p> <p>signature</p>	<p>Witness:</p> <p>Name:</p> <p>ID number:</p> <p>Address:</p> <p>signature</p>

Date (Place, dd/mm/yyyy):.....

Please fill it in with BLOCK LETTERS!