

AUTHORISATION

I, undersigned..... mother's name:.....
place of birth:..... date of birth:.....
ID card or passport number:..... type of ID:.....
address:.....

AUTHORISE:

Name:..... mother's name:.....
place of birth:..... date of birth:.....
ID card or passport number:..... type of ID:.....
address:.....

to act for and on behalf of me at the Faculty of General Medicine of Semmelweis University for the following purposes:

I consent to the Authorised Representative having reasonable access to my personal data in connection with the above purpose.

.....

signature of authoriser

Before us, witnesses:

1. Name:

2. Name:

Address:

Address:

signature:

signature:

Date:.....