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| Logo univpazmany.svg | Pázmány Péter Catholic UniversityH-1088 Budapest, Szentkirályi u. 28. Institutional ID: FI79633 |

A U T H O R I Z A T I O N

I, the undersigned Mother’s maiden name:

Place of birth: Date of birth:

Number of identification document: Type of identification document:

resident at the address ………….……………………………………………….………………….

***(as Principal)***

**a u t h o r i z e**

Name: Mother’s maiden name:

Place of birth: Date of birth:

Number of identification document: Type of identification document: .

resident at the address ………….……………………………………………….………………….

(***as Agent)***

to act on my behalf and in my representation at the Pázmány Péter Catholic University for the following purposes.

**Purpose of the authorization:** …………..…..………………………………………………..……

………….………………………………………………………………………………………………...

I give my explicit consent for the Agent to learn my personal data to the extent that is necessary and justifiable for the above purpose.

 **…………………………………….………**

 **Principal**

**Witnesses:**

Name: …………..….……………………...… Name: ..…………………….………………...…

Home address: …………………....…………… Home address: ..….……….…………………....

Signature of witness: ...………………………. Signature of witness: …………….……………

**Date:** …………………, month ………..………… day ……….. 20…...