Lodz, .......................................

.......................................................................

 (first name and surname)

.......................................................................

 (faculty and year of studies)

.......................................................................

 (register number)

.......................................................................

 (ID series and number)

.......................................................................

 (address of residence)

.......................................................................

POWER OF ATTORNEY

I hereby authorise........................................................................................................

(first name and surname, degree of relationship)

residing in ................................................................................................................................, ID series and number , PESEL (Personal Identification Number) to collect

.................................................................................................................................................

(specify)

from the Dean’s Office of the Faculty of Philology, on my behalf.

........................................................................

(student’s signature)

I hereby declare that the document has been signed in my presence.

Lodz, ......................................

...............................................................................(signature and a personal seal of the Dean’s Office’s employee)