

Bydgoszcz, ... ..

.....  
Names and surname  
.....  
Programme (specialty)  
.....  
Student ID number/ PESEL  
.....  
Telephone number

Dear Sir/Madam

.....  
Dean of the Faculty of  
.....  
Ludwik Rydygier Collegium Medicum  
in Bydgoszcz  
Nicolaus Copernicus University in Toruń

### AUTHORISATION

I, ..... authorise  
(name and surname)

Mr./Mrs. ....  
holding and ID no. ....  
(ID number and series)

issued on .....by .....

.....  
to receive the following documents on my behalf:\*

☐ a higher education diploma, two copies of the diploma in Polish, a diploma supplement and two copies of the diploma supplement in Polish,

or

☐ a higher education diploma, one copy of the diploma in Polish, one copy of the higher education diploma in one of the following foreign languages:

☐ English,

☐ German,

☐ French,

☐ Spanish,

☐ Russian,

and a diploma supplement, one copy of the supplement in Polish and one copy of the supplement in English,

☐ additional higher education diploma copy in:

☐ Polish,

- ☐ English,
- ☐ German,
- ☐ French,
- ☐ Spanish,
- ☐ Russian,
- ☐ additional diploma supplement copy in :
  - ☐ Polish,
  - ☐ English
 or
- ☐ duplicate of the higher education diploma in:
  - ☐ Polish,
  - ☐ English\*\*,
  - ☐ German\*\*,
  - ☐ French\*\*,
  - ☐ Spanish\*\*,
  - ☐ Russian\*\*,
- ☐ duplicate of the diploma supplement in:
  - ☐ Polish,
  - ☐ English\*\*.

.....  
graduate/student's eligible signature\*

.....  
(signature of the person certifying the authenticity  
of the graduate/student's signature\*)

\* Tick as appropriate.

\*\* Select as appropriate if the document has been issued.