

Power of attorney

Validity period**:
 Summer semester 20 _____
 Winter semester 20 _____
 unlimited

Applicant number				
and/or registration number				
(indicate if known)				

I hereby authorise ... (Details of the person granting the power of attorney)

Name: _____

First name: _____

Complete address: _____

Date of birth: _____

Place of birth: _____

(Details of the authorised person)

Name: _____

First name: _____

Complete address: _____

Date of birth: _____

Place of birth: _____

to execute all requested actions at the University of Vechta and to issue statements related to the **

- Application
- Enrolment
- UniCard

This power of attorney also includes the authorisation to receive documents and certificates.

Place, date

Signature of the person granting the power of attorney

Important note: Please add to this document:

1. Simple copy of the identity card (front and back) of the person granting the power of attorney
2. Simple copy of the identity card (front and back) of the authorised person