

**LETTER OF AUTHORIZATION**

I, \_\_\_\_\_ (name of the Authorizer), the student of the  
University of Szeged (ID number: \_\_\_\_\_, mother name:  
\_\_\_\_\_, address:  
\_\_\_\_\_)

hereby authorize

\_\_\_\_\_, (name of the authorized),  
(ID number: \_\_\_\_\_, mother name: \_\_\_\_\_,  
address: \_\_\_\_\_),  
to act in relation to \_\_\_\_\_ on my behalf in the Students' Service  
Office at the University of Szeged,

Place and date : \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature of the Authorizer

\_\_\_\_\_  
Signature of the Authorized

Witnesses:

1.  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
ID number: \_\_\_\_\_  
Signature: \_\_\_\_\_

2.  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
ID number: \_\_\_\_\_  
Signature: \_\_\_\_\_