

Wrocław, .....

.....  
(name and surname)

.....  
(album number)

**Dean of  
Faculty of Dentistry  
Wrocław Medical University**

Request for documents to be sent by regular mail

I request to be mailed the following documents\*

- Certificate** of completion of studies
- Original Diploma** of completion of uniform magister studies in Dentistry
- Two certified copies of Diploma**
- Diploma Supplement**
- Certified copy of Diploma** translated into foreign language
- Diploma Supplement** translated into English

by Poczta Polska with confirmed receipt to the following address: (Please fill in capital letters)

street:.....

house no. .... apt. no. ....

post-code:..... town:.....

country: .....

.....  
legible signature

\* mark with X where necessary