

Wrocław,
(date)

.....
(name and surname)

.....
(album number)

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

AUTHORIZATION

I, the Undersigned, hereby authorize:

Mr/Mrs Personal

ID No.

Address:

to pick up the following documents from English Division Dean's Office*:

- 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

.....
signature of the person giving authorization

.....
authorizing confirmation of the signature of the person giving authorization by
an Official of the University or a Notary Public

* circle the appropriate