

Third Party Authorisation Form 2018-2019

Details student:

First name + surname:

Date of birth:

Place of birth:

Student number:

I herewith authorise the following person to act as my authorised representative for the 2018-2019 academic year at HU University of Applied Sciences Utrecht.

Details representative

First name + surname:

Date of birth:

Place of birth:

Address:

Postal code + town:.....

Phone number:

Signatures

Student's signature

Authorised representative's signature

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Are you **under the age of 18** on September 1st, 2018, a parent or guardian must co-sign this form.

Parent's or guardian's signature

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Date of signature:

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