



HOGESCHOOL
UTRECHT

Third Party Authorisation Form 2024-2025

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 enrolment in the 2024-2025 academic year at HU University of Applied Sciences Utrecht.

Details representative

First name + surname:

Address:

Postal code + town:

Email address:

Phone number:

Signatures

Student's signature

Authorised representative's signature

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Are you **under the age of 16** on the starting date of your programme? In that case 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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