Third Party Authorisation Form 2026-2027

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 2026-2027 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**

…… ……

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 ……

Date of signature: ……