

Wrocław, .....  
(date)

.....  
(name and surname)

.....  
(album number)

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

**AUTHORIZATION  
(please fill in capital letters)**

I, the Undersigned, hereby authorize:

Mr/Mrs .....

Personal ID No. ....

Address: .....

to pick up the following documents from English Division Office\*:

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

.....  
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