

Student's Personal Information:**Full Name:** _____**Matriculation
Number:** _____**Major:** _____**Date of Birth:** _____**Postal Address:** _____**E-Mail:** _____**AUTHORIZATION**

I hereby authorize Mr./Ms.

☐ to collect my certificates☐ to submit my Master's Thesis☐ other: _____

The aforementioned person is granted license to sign documents in my name.

Location, Date_____
Student's Signature

Please note: The authorized person must present both this authorization form as well as a form of personal identification.

In case of discrepancy between the original German document and this translation, the German document is to be taken as official.