Opole, …………………

………………………………………

Name and surname

………………………………………

Program and year of study

...…………………………………….

Student’s index number

Full-time / Part-time

Student / graduate

Bachelor / Master

……………………………………….

student’s adress

………………………………………

Phone number

Dean’s office

Philology Faculty

University of Opole

pl. Kopernika 11

45 – 040 OPOLE

**AUTHORIZATION**

I authorize the Dean's Office of the Faculty of Philology of the University of Opole to send back the .....................................with return confirmation of receipt to the following address: …………………………………………………………………………………....................................................................................................................................................................

1. graduation diploma - original

2. graduation diploma - a copy

3. diploma of graduation - a copy in the language of …………………….

4. supplement

5. ……………………………………….

……………………………………….

Student’s/graduate’s signature

I DECLARE THAT I WILL NOT MAKE ANY CLAIMS AGAINST THE UNIVERSITY OF OPOLE IN THE CASE IF THE DOCUMENTS ARE LOST.

Confirmation of the compliance of the declaration and the authenticity of the signature of the above-mentioned persons:

Accepted by an employee of the PF UO in Opole

date and signature of the dean's office employee

or

date and signature of the Notary.