	Lodz, date
(name and surname)	
(major / year of study)	
(student number)	
(ID/passport number)	
(address in Poland)	
	AUTHORIZATION
I hereby authorize	(name and surname)
living in	(address)
passport/ ID number	, PESEL (if applicable)
	the document to be collected)
on my behalf from the Faculty o	f Economics and Sociology of the University of Lodz.
	(student's signature)
I hereby declare that the authorize	zation was signed in my presence.
Lodz, date	
	(signature and personal seal of the students' office employee)