

Authorization Form

I hereby appoint,

First name and last name
of the authorizing party

Complete address
of the authorizing party

Student ID number / applicant number

Mr./Ms./Mrs.

First name and last name
of the authorized party

Complete address
of the authorized party

**to act on my behalf and with my full consent in matters concerning
Universität Hamburg.**

This authorization is valid for the winter semester / summer semester _____.

Date

Signature

Important information on identification cards:

Please note that we do not require all of the information on your identification card for authorization. Please black out any information we do not need to identify you—particularly the card access number and serial number. We only require the following information:

- last name
- first name

- date of birth
- place of birth
- expiry date
- signature

Alternatively, simply present the required identification document(s) to us in person together with the authorization. We will make a note of this; no further copy is necessary. The information will only be used for the authorization for enrollment. We will not save any copies of identification documents you provide and will destroy these immediately.