## **LETTER OF AUTHORIZATION** (USE BLOCK LETTERS ONLY.)

To be filled in by the international applicant who uses the services of a third party (family member, friend, agent, educational consultant, etc.) during the application process at the Faculty of Humanities of ELTE. Failure to complete this document will prevent the Department of International Affairs from processing the application of the applicant.

This document must be signed and filled out in hard copy, in blue ink, otherwise it will not be valid.

Applicant's personal data	
Full name:	
Mother's full name (at birth):	
Place of Birth:	
Date of Birth (YYYY/MM/DD):	
To the Department of International Affairs (ELTE FH):	
I, the undersigned applicant, my details provided above, b	eing fully aware of my legal liability, hereby solemnly
authorize	(organization / third party)
represented by	(name of representative if different),
passport number of third party or tax number of organiza	tion:
to act on my behalf in all matters necessary with respect to	o my admission process at the Faculty of Humanities
of Eötvös Loránd University (ELTE FH/BTK) from the	date of issue of this Letter of Authorization.
Any and all acts carried out by the person authorized on redocuments – shall have the same effect as acts of my own	
I hereby declare that the information I have provided and process is true and complete to the best of my knowledge	
This all-round authorization will remain effective until my throughout the refund process of my tuition fee in case mauthorities.	
(full name applicant)	(signature applicant)
Place:, (day) (r	month), 20 (year).
Witness 1*:	Witness 2*:
Name:	Name:
Signature:	Signature:
Passport number / ID card number:	Passport number / ID card number:

<sup>\*</sup>This Letter of Authorization is only valid with two witnesses