	date
candidate's name and surname	
citizenship	
date and place of birth	UNIWERSYTET ZIELONOGÓRSKI
e-mail address	
number of the recruitment application concerned	Recruitment Committee of the University of Zielona Góra
Power of attor	ney for deliveries in Poland
Due to the fact of my residence/stay outside the Republic of Poland,	
I authorize my representative to make deliveries on the territory of Poland in the person of:	
legible name and surname of the r	epresentative
with an identity document:	
series and numer	
At the same time, I declare that the above-mentioned person has consented to act as a representative for	
deliveries in Poland regarding studies:	
full-time first cycle / second cycle *	
in the Field of:	
at the Faculty of	
	legible signature of the candidate
I consent to my personal data being processed by the U proxy for service, in accordance with the above declarate	University of Zielona Góra for the purposes of fulfilling the duties of a ation.
	legible signature of the representative

*mark as appropriate