

Letter of Authorization

I hereby give my consent to
(name of your current university) to provide all requested study information and to verify
study documents connected to my study at
..... (name of your current university) to Pavol Jozef Šafárik
University in Košice, the Faculty of Medicine.

Personal Details (in BLOCK letters):

Full Name:

Date of birth:

Study programme:

In

Date (dd/mm/yyyy):

Signature: