

POWER OF ATTORNEY

Principal

First name/ Surname: _____

Date of birth: _____

Student ID number: _____

Proxy holder

First name/ Surname: _____

Date of birth: _____

Address: _____

The principal authorizes the proxy holder to collect the following documents at the Hochschule für Technik Stuttgart:

This power of attorney is valid until revoked, but at most until the above-mentioned matter has been settled.

Place, Date _____

(Signature Principal)

This power of attorney is enclosed:

Copy of the identification card of the principal

Copy of the proxy holder's identity card