

Third party authorization form

Requesting person:

Name and surnames: _____

DNI/NIE/Passport number: _____

Contact phone number: _____

E-mail: _____

Representative person:

Name and surnames: _____

DNI/NIE/Passport number: _____

Contact phone number: _____

E-mail: _____

I authorize:

The representative person to request/collect, at the Barcelona School of Informatics, in my name the following documentation

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Process the degree receipt

Signature of the requesting person

Signature of the authorized person

Name: _____

Name: _____

Place and date: _____

Necessary documentation:

- Valid DNI/NIE/Passport photocopy of the requesting person
- This form duly filled in and signed
- Valid DNI/NIE/Passport photocopy and original of the authorized person

THIS AUTHORIZATION WILL HAVE NO VALIDITY WITHOUT THE ORIGINAL SIGNATURE OF THE INTERESTED PARTY. NO DOCUMENTS WILL BE ADMITTED WITH THE SIGNATURE SCANNED OR PHOTOCOPIED, NOR DIFFERENT FROM THE ONE IN THE IDENTIFICATION DOCUMENT OR PASSPORT.