Student and Regulatory Affairs
Examinations Office

Power of attorney
for matters before the Examinations Office of the University of Passau

I, _____, date of birth: _____,

place of birth: _____, matriculation number: _____,

currently residing at _____,

hereby grant the following power of attorney:

I authorise _____, date of birth: _____,

place of birth: _____,

currently residing at _____,

to represent me before the Examinations Office of the University of Passau in the following matter:

_____

This power of attorney is effective from _____

☐ to _____

☐ for an unlimited duration.

Note on proof of identity:

The authorised representative must prove their identity to the Examinations Office by presenting a valid official photo ID (identity card or passport). In addition, a copy of the authorising person's ID must be provided.
I am aware that, in case of doubt, the Examinations Office may request further proof of identity and that this power of attorney may be revoked at any time.

Place, date: _____

_____

Signature of the person granting power of attorney