

## Third Party Authorisation Form 2025-2026

### Details student:

First name + surname: .....

Date of birth: .....

Place of birth: .....

Student number: .....

I herewith authorise the following person to act as my authorised representative for enrolment in the 2025-2026 academic year at HU University of Applied Sciences Utrecht.

### Details representative

First name + surname: .....

Address: .....

Postal code + town:.....

Email address: .....

Phone number: .....

### Signatures

**Student's signature**

**Authorised representative's signature**

.....

Are you **under the age of 16** on the starting date of your programme? In that case a parent or guardian must co-sign this form.

**Parent's or guardian's signature**

.....

**Date of signature:**

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