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| FILING OFFICE STAMP |

**REQUEST FOR THE RETURN OF DOCUMENTS**

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| ***Applicant’s details*** | First name  | Surname | Surname at birth |
|  |
| ***Mailing address:*** | Street | House No. | City district |
|  | Municipality/Town/City | Postcode | Country |
| ***Attorney-in-fact\**** | First name\* | Surname\* |
| ***Mailing address*** | Street\* | House No.\* | City district\* |
|  | Municipality/Town/City\*  | Postcode\* | Country\* |
| **Request**  | dated |
| **Dear Sir,** **I would like to ask you to have the documents sent together with my application for the recognition of foreign university education returned to me.** |
| ***Date*** | ***Signature*** |