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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*** | | |