

Power of attorney/ Vollmacht

I, _____
(FULL NAME and Date of BIRTH),

give the following persons the permission to hand my documents over to the Immigration Office Darmstadt to apply for my residence permit

Ronja Schneider and Marina Zielke
International Office
Hochschule Darmstadt
Schöfferstraße 3
64295 Darmstadt
Fon: +49.6151.533-60022

Date and signature