POWER OF ATTORNEY

PARTICULARS OF PARENTS/LEGAL GUARDIANS[1]	CHILD'S/WARD'S PARTICULARS
1._____ (*given name and surname*)	_____ (*given name and surname*)
_____ (*address*)	_____ (*address in Poland*)
_____ (*series and number of passport/identity card*)	_____ (*series and number of passport/identity card*)
_____ (*date of issue*)	_____ (*date of issue*)
_____ (*issuing country*)	_____ (*issuing country*)
_____ (*phone number and email address*)	_____ (*phone number and email address*)
2._____ (*given name and surname*)	
_____ (*address*)	
_____ (*series and number of passport/identity card*)	
_____ (*date of issue*)	
_____ (*issuing country*)	
_____ (*phone number and email address*)	

I, the undersigned, acting as the statutory representative of my child/ward and authorized to act alone, grant this power of attorney to Mr./Ms.[2]:

_____

_____

(*given name, surname, address, series and number of passport/identity document, phone number, email address*)

to act on my behalf in matters related to the admission of my child/ward to Adam Mickiewicz University in Poznan in the academic year _____, and specifically to perform the following:

- to deliver the Statement of a statutory representative executed on the basis of a template made available by Adam Mickiewicz University in Poznan with my signature,

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[1]Persons authorized to represent the minor
[2]Only a person aged 18 years old or older with full capacity to perofrm acts-in-law can act an attorney-in-fact

certified by a notary and other documents necessary for the admission of my child/ward,

- to sign any other documents, to perform acts-in-law and to make declarations specified in the Statement of a statutory representative, including such documents as are necessary to admit my child/ward to Adam Mickiewicz University in Poznan and secure housing for my child/ward in a student dormitory, including but not limited to:

_____

This power of attorney has been granted for a period ending when my child/ward attains the age of _____, at which a person has full capacity to perform acts-in-law - thereafter, in accordance with the law, my child/ward may act in his/her own name to perform any acts-in-law.

_____
(place and date)   *(signatures of parents/legal guardians certified by a notary)[3]*

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[3]*If the signature is not certified by a Polish notary but by a public officer of another country, an apostille must be attached.*