

HafenCity Universität Hamburg  
Student Service Center  
Henning-Voscherau-Platz 1  
20457 Hamburg  
Germany

Date of Receipt

## Power of Attorney

### Principal

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Applicant or  
Student number: \_\_\_\_\_

### Agent

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Herewith I \_\_\_\_\_ (name of the principal)

certify that \_\_\_\_\_ (name of the agent)

is authorised to act on my behalf and with my consent in regards to all my affairs at the  
HafenCity Universität Hamburg.

This power of attorney is valid for the

winter semester       summer semester      of the year 20 \_\_\_\_\_ at the HCU Hamburg.

Simple copies of the identity card's front and back side from both persons involved are attached to  
this form.

\_\_\_\_\_  
City and Date

\_\_\_\_\_  
Signature