

# Authorization

I,

---

(First name / last name of applicant – please use block letters)

hereby authorize my parent

---

(First Name / last name – please use block letters)

or as a person of trust

---

(First Name / last name – please use block letters)

to carry out all actions which are required in the application process for me as an applicant of the University of Mannheim. Furthermore, the authorized person is empowered to accept all notifications, messages as well as deliveries.

\_\_\_\_\_ den, \_\_\_\_\_  
(Place) (Date)

---

(Signature)

Please note:

As authorized person, you need to submit the authorization together with all the required application documents.