

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

Date of Receipt

Power of Attorney

Principal

Surname: _____

First name: _____

Address: _____

Agent

Surname: _____

First name: _____

Address: _____

Application or student number: _____

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