

Power of attorney

I the undersigned:

Name		Cpr-number (Danish civil reg. no.)
Adress		
Postal code	City	
Phone no.		

authorise:

Name		Cpr-number/cvr-number
Adress		
Postal code	City	
Phone no.		

to, on my behalf, handle my case with the Danish Agency for Higher Education and Science. It means that the above-mentioned person is my party's representative.

This power of attorney does not give the right to make self-service or see information in minSU. For that purpose you need another type of power of attorney, a "selvbetjeningsfuldmagt". [See su.dk](http://su.dk).

The power of attorney shall apply from (write the date):

day	month	year

The power of attorney applies for your specific SU case. If you have more than one case you must send a power of attorney for each case. You may revoke the power of attorney at any time by informing the Danish Agency for Higher Education and Science.

When we process a complaint the power of attorney applies both in the agency and in the Danish Educational Support Appeal Board unless you state below that it is only applicable in the agency.

If the power of attorney only applies to parts of your case, please write which parts here:

We cannot send all letters about your case to both you and the holder of the power of attorney- for example, certain decisions and "støttemeddelelser" (messages relating to SU) will be sent to you only.

If you send the power of attorney by mail, please sign below. If you send via Digital Post, your digital signature counts as a signature.

Place/date

Mandatory's signature

Please send the form to the Danish Agency for Higher Education and Science via [Digital Post at borger.dk](http://borger.dk). See the [instructions at su.dk](http://su.dk).