Krakow, …......................................

….....................................................................

Name and surname

…........................................... ......................

Student’s ID number   year of studies

….....................................................................

programme

…......................................................................

Phone number, email address

**Request**

**for sending the diploma and supplement by post**

I kindly ask you to send my diploma and graduation supplement by post with the returned receipt requested.

Justification.................................................................................................................................................. .

I kindly ask to send my graduation diploma by post with return receipt requested to the following address:

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………. .

**(Please enter the full address in capital letters)**

....................................................

(Student signature)