

CONSENT TO VERIFY EDUCATION AND QUALIFICATION DETAILS

Authorisation Form

SURNAME, Name:

Date of Birth:	<input type="text"/>
Email:	<input type="text"/>
Degree earned:	<input type="text"/>
Date:	<input type="text"/>

I authorise the European University Institute (EUI) to disclose information concerning my EUI academic record to the following third party:

I understand that this information will only be released to the third party above and my consent is conditional upon the EUI complying with its duties and obligations under the [Decision of the President No. 10 of 18 February 2019 \(EUI Data Protection Policy\)](#).

Date _____

Signed _____

In case of queries, please contact: AcademicCertificates@EUI.eu