



Declaration of consent for verification of graduation documents

I,

Last name, first name: _____

If different, birth name: _____

Date of birth: _____

Current address: _____,

hereby confirm that the Catholic University of Eichstätt-Ingolstadt has provided me with the original document(s) a copy of which is submitted together with this consent form.

I hereby kindly ask the Catholic University of Eichstätt-Ingolstadt to verify issuance of this/these document(s) and its/their validity to the following recipient:

Recipient of verification

I agree that verification by the Catholic University of Eichstätt-Ingolstadt will be done by e-mail. Please send it to the following e-mail address:

Recipient of verification (e-mail)

Place, date

Graduate signature