

**CONSENT TO VERIFY EDUCATION AND QUALIFICATION DETAILS**

## Authorisation Form

**SURNAME, Name:**

Date of Birth:	
Email:	
Degree earned:	
Date:	

**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](mailto:AcademicCertificates@EUI.eu)