

Education & Students
Student Support & Study Environment
Sps@adm.ku.dk

**POWER OF ATTORNEY – SPECIAL EDUCATIONAL
SUPPORT (SPS)**

SPS applicant and student at the University of Copenhagen:

| | | |
|------|-----------|---------|
| Name | | CPR no. |
| Date | Signature | |

Holder of power of attorney

| | | |
|--------------|-----------|-----------|
| Name | | |
| Address | | |
| Postal code | Town/city | Phone no. |
| Mobile phone | Email | |
| Date | Signature | |

The holder of power of attorney must bring their driving licence, passport or similar photo ID when appearing in person.

I, the SPS applicant, give the holder of power of attorney permission to (tick box):

| | |
|--------------------------|--|
| <input type="checkbox"/> | Receive information about my special education support (SPS) |
| <input type="checkbox"/> | Receive SPS aids and sign the loan-out form on my behalf |