

## POWER OF ATTORNEY

I the undersigned

Applicant's name	Applicant's date of birth
Applicant's address	

hereby grant

Company <b>Aarhus University</b>
Address of holder of power of attorney <b>Nordre Ringgade 1, 8000 Aarhus C</b>
CVR no. or CPR no. of the holder of power of attorney <b>31119103</b>

**Aarhus University**

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power of attorney to represent me during the processing by the Danish Immigration Service of my application for a visa to Denmark.

This means that the holder of the power of attorney among other things has the right to,

- Receive right of access to the documents in my case,
- Submit statements for use in the processing of the case, and
- Receive confidential and personal information contained in the application and in my case.

The power of attorney will be void when the Danish Immigration Service has finalized the processing of this application for a visa. I am, however, at any time able to withdraw the power of attorney by informing the Danish Immigration Service of this.

Place and date:	Applicant's signature:
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