

## POWER OF ATTORNEY

I the undersigned

Applicant's name	Applicant's date of birth
Applicant's address	
The applicant's personal ID or CPR no. if applicable	

hereby grant

Company, if relevant <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**

Nordre Ringgade 1  
DK-8000 Aarhus C

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Tel: +45 8715 0000  
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Website: [www.au.dk](http://www.au.dk)

power of attorney to represent me during the processing by the Danish Agency for International Recruitment and Integration of my application for a residence permit in Denmark and for as long as my permit is valid.

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

- Submit an application for a residence permit on my behalf,
- 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 valid during the processing of my application and for as long as my permit is valid. I am, however, at any time able to withdraw the power of attorney by informing the Danish Agency for international Recruitment and Integration of this.

Place and date:	Applicant's signature:
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