**Kuratorium Oświaty w Warszawie**

**Al. Jerozolimskie 32**

**00-024 Warszawa**

**POWER OF ATTORNEY**

Pursuant to Article 32 and Article 33 of the Code of Administrative Procedure, dated June 14, 1960

I, the undersigned..........................................................................................................................
**(Full name of the person granting the power of attorney)**

residing at......................................................................................................................................
**(Address of residence)**

holding .........................................................................................................................................
**(Type and number of identity document)**

hereby appoint Mr./Ms./Mrs. .......................................................................................................
**(Full name of the authorized representative)**

residing at .....................................................................................................................................
**(Address of residence of the representative)**

holding .........................................................................................................................................
**(Type and number of identity document of the representative)**

to act on my behalf before the Mazovian Superintendent of Education in matters related to the recognition of my school certificate, pursuant to Article 93, paragraph 3 of the Act on the Educational System, dated September 7, 1991.

This power of attorney grants the representative full authority to:

* Represent me, submit applications, and correspond on my behalf.
* Submit and receive documents related to the case.
* Access information regarding the progress of proceedings, submit requests, provide necessary explanations, and communicate with representatives of the Superintendent of Education in Warsaw regarding all actions needed for a successful resolution of my application.

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(city and date) (name and surname - signature of the person granting power of attorney)