Högskolan Kristianstad
291 88 Kristianstad
044-250 30 00
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Fullmakt / Power or Attorney

Kurskod/Course code:

Delprov/Part (optional):

Datum tentamen skrevs/Date of examination:

Ditt namn/Your name:

Personnummer/Date of birth:

Underskrift/Signature:

Uthämtaren/The person you give authorization to pick up your exam

Namn/Name:

Personnummer/Date of birth:

Maila till/Email to info@hkr.se