



LUND
UNIVERSITY

Power of attorney

To whom it may concern,

I/ we, _____ and _____, hereby authorize the individual(s) listed below within Lund University, org. number 202100-3211, to gain access to information and documents in connection to my/ our application for a residence permit and/ or work permit (as lodged on the _____) and its processing with the Swedish Migration Agency.

This power of attorney includes the following:

- The right to archive a copy of the decision letter, notably the part of the decision letter where the decision and its validity is stated.

Name 1: _____

Name 2: _____

Name 3: _____

This authorization is valid for our child/children below the age of 18 years:

1. _____

2. _____

3. _____

If any additional information is required with regards to my application, please contact HR at Lund

University at: _____

To: Swedish Migration Agency, please send a copy of the decision to:

Lunds universitet, _____

Signature (employee)

Signature (spouse/partner)

Place & Date

Place & Date

Please note that the Swedish Migration Agency only accepts handwritten signatures, not electronic signatures.