

## Authorization for Release of Information (Одобрење за провјеру информација)

Applicant Information (Информације о подносиоцу захтјева)	
Name and Surname (Име и презиме)	Date of Birth (Датум рођења)
Citizenship (Држављанство)	Date of credential issue (Датум издавања исправе)
Awarding Institution	email of Institution
(Институција која је издала исправу)	(email институције)

## **STATEMENT**

Hereby I give the authorization to the Ministry of Education and Culture of Republika Srpska and the Centre for Information and Recognition of Qualifications in Higher Education to contact relevant authority or authorities regarding the origin, content and authenticity of my qualification and additional documents submitted, and I give authorization to such authorities to provide requested information to the Ministry of Education and Culture of Republika Srpska, which are necessary to evaluate and recognize my educational achievment.

This authorization is given for unspecified time period and can be withdrawn at any time per my written request.

Signature	Date
(Потпис)	(Датум)