

Name/Address Applicant

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**School of Science and Technology Faculty IV**

**Central Examination Board of the Faculty IV**  
**Head of the board: Univ.-Prof. Dr.-Ing. Monika Jarosch**  
University of Siegen, PO Box D-57068 Siegen

**Letter of Agreement**

Date: \_\_\_\_\_

I, \_\_\_\_\_, date of birth \_\_\_\_\_  
(first name / surname)

agree to forward the *confirmation of my academic achievements / the shipment of certified transcripts of records\** through the examination board of the Faculty IV and the University of Siegen directly to

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The permission can be withdrawn at any time in the future. As long as the permission is not withdrawn, it is valid for an unlimited period.

The permission is on a voluntary basis. The applicant does not suffer any disadvantages if the permission is refused or withdrawn.

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Signature

\* delete as appropriate.