

POWER OF ATTORNEY

Address:

Date: *(date of your visit to the Consular Office)*

I, citizen of _____, passport No. _____ series _____, issued by _____, subdivision code _____, registered at (residence address): _____, hereby authorize

Mr/Mrs/Ms _____, passport No. _____ series _____, issued by _____, subdivision code _____, registered at (residence address): _____,

to represent my interests in the Department of Education and Science of Moscow, the Ministry of Justice of the Russian Federation, the Consular Department of the Ministry of Foreign Affairs of the Russian Federation and National Research University Higher School of Economics, as well as in other public institutions, acting on my behalf and undertaking all the necessary actions, including the provision of my consent for personal data processing, with respect to any matters related to the procedure for authenticating my certificates of education and/or qualifications, academic degrees and academic titles, having an apostille attached thereto, and obtaining consular legalization of such documents, with the right to receive, submit and return all necessary documents, including my certificates of education and/or qualifications, academic degrees and academic titles.

This Power of Attorney has been issued for the period up to _____ inclusive, and is not subject to the assignment of authority to any third parties.

Certifying Officer

signature