



ROTTERDAM UNIVERSITY OF APPLIED SCIENCES

Authorisation form

Name

Surname:

First name(s):

Date of Birth

Day ___ Month ___ Year _____

VNR Number

— — — — —

(This can be found on the back side of your residence permit)

I hereby authorize Rotterdam University of Applied Science / Hogeschool Rotterdam to share and request information about my residence permit status with the Dutch immigration office (IND).

Date:

Signature:
