



STUDENT INFORMATION

Surname			
First and middle name(s)			
Place of birth (city, country)		Date of birth (dd/mm/yyyy)	
Program of studies		Mobile phone no.	

STATEMENT

I, the undersigned, hereby request a reissue of my student ID.
I declare that my student ID was/became:*

- Damaged;
- Lost;
- Stolen;
- Outdated;
- Other: _____ (please explain).

Should the document be found or otherwise retrieved, I commit myself to returning the document to the School Office of the JU MC SME immediately.

I am conscious of the fact that I take full responsibility for veracity of the statement above**

* please check one;
** According to art.75, paragraph 2 of Administrative Procedure Code, if the law does not require an official corroboration of the stated information or legal standing by way of a statement from an appropriate legal entity, the public administration body receives from the party, by way of its application, a statement made under pain of accountability for false statements (Journal of Laws of the Republic of Poland No. 98, item 1071, as amended). "A person who, making a statement that is to be included as evidence in judicial proceedings or any other legal proceeding, makes false statements is liable to a penalty of up to 3 years of imprisonment." – Article 233, Penal Code ((Journal of Laws of the Republic of Poland No. 88, item 533 of 1997, as amended).

ATTACHMENTS

<input type="radio"/> confirmation of payment of the fee for the reissue (obligatory); <input type="radio"/> damaged ID (if applicable).

STUDENT'S VERIFICATION

Signature	Date
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SCHOOL OFFICE VERIFICATION AND ORDER PLACEMENT

Name and surname	
Date	
Signature	

COLLECTION CONFIRMATION

Name and surname	
Date	
Signature	

Instructions: Please TYPE in all required information. All FIELDS AND THE VERIFICATION SECTION ARE OBLIGATORY. Incomplete forms will NOT be recognized by the JU MC SME. Please hand the form to the School Office in person.

Contact information: Jagiellonian University Medical College, Faculty of Medicine, School of Medicine in English, ul. św. Anny 12, 31-008 Kraków, Poland; e-mail: smeoffice@cm-uj.krakow.pl; phone no.: +48 12 422 80 42; fax no.: +48 12 421 28 69