



Srednja poklicna in strokovna šola  
Bežigrad - Ljubljana

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## AUTHORIZATION

I, \_\_\_\_\_ allow Žiga Vuk (*Coordinator of International Affairs in Secondary Vocational and Technical School Bežigrad - Ljubljana*) to obtain the personal identification number (EMŠO) on my behalf.

Information required for obtaining personal identification number:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

(CITY, COUNTRY)

Gender:                      Male              Female

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nationality: \_\_\_\_\_

Student's Signature

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