



ΔΟΑΤΑΠ

Διεπιστημονικός Οργανισμός
Αναγνώρισης Τίτλων Ακαδημαϊκών
και Πληροφόρησης

HELLENIC REPUBLIC
HELLENIC NATIONAL ACADEMIC RECOGNITION
AND INFORMATION CENTER
HELLENIC N.A.R.I.C.

Consent form

I hereby authorize DOATAP to request from
..... (*fill in the name of the university*) any information regarding my
academic degree(s)..... (*fill in the
degree(s) awarded by the university*) in order for DOATAP to process the recognition of
the above mentioned degree(s).

Name:

Student I.D. number:

Signature:

Email: