



# 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: