

To be submitted to:

Freie Universität Berlin  
Geschäftsstelle des Zentralen Wahlvorstands  
Rudeloffweg 25/27  
14195 Berlin

## Template for permission note allowing a designated representative to pick up your mail-in ballot documents

Doctoral Council election:

on:

Last name:

First Name:

Department:

Dear Central Election Board,

I hereby grant (First and last name of the designated representative)

permission to pick up my mail-in ballot documents for the election mentioned above in person on my behalf. The person designated here will present this permission note as well as valid identification when picking up the election documents.

Berlin, the

Signature \_\_\_\_\_

**Please note: This form is only valid if signed by the individual who is submitting this request.  
Separate consent form for candidacy**