Łódź, ………………….

(date)

.................................................................................   
(Student’s name and surname)

.................................................................................   
 (Student identification number)

……………………………….……………………  
(Field of study, major)

…………….………...............................................  
(Year of study, course of study)

**Vice-Dean of Student Affairs in**

**Faculty of International and Political Studies**

**Request for a student ID duplicate copy**

I request issuance of a duplicate copy of my student ID the reason being that\* ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

Please cancel the original version of the ID in the USOS system.

Sincerely,

…………………………………

*(signature)*

\* damaged/ loss/ theft of the original document/ no space for a hologram/ change of surname/ change of address