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