

**Appendix #8/3: Authorization for seriously disabled patrons to borrow**

Registration number: ...../ .....

**Authorization**

I, the undersigned, resident under address:.....  
....., as the reader of the branch library (library code...) of the  
Metropolitan Ervin Szabó Library authorize  
..... (name),  
resident under address:..... to  
borrow documents for me according to the Terms of Use, during the validity of my  
membership.

Budapest,.....

.....  
principal agent

Witnesses:

I received the authorization today.

.....  
administrator

Authorization is withdrawn on the..... (day) of .....(month) of ..... (year).

.....  
principal administrator