**Cancelling an authorisation to act on my behalf**

I hereby cancel the authorisation I gave to another person to act on my behalf with the Finnish Student Health Service.

**Details of the person giving the authorisation**

|  |  |
| --- | --- |
| First and last name | Personal identity code |

**Details of the authorised person**

|  |  |
| --- | --- |
| First and last name | Personal identity code |

I hereby cancel the authorisation I gave on / \_\_20 \_\_

**Signature of the person cancelling the authorisation**

Date / 20 Signature of the person who gave the authorisation and name in block capitals

**To be completed by the service unit**

Name and service unit of the person processing the authorisation:

|  |  |
| --- | --- |
| Name of the person processing the authorisation: | Service unit of the person processing the authorisation: |

The authorisation will be filed in the patient registry as an attachment to the patient’s/client’s records.