## **Power of Attorney**

give the legal aid group RUSK permission to represent me in my case and receive information about me concerning:  Complaint regarding authorities  Rejection of crossing the border to Denmark  Other	I	date of birth	hereby
□ Rejection of crossing the border to Denmark □ Other	_		nformation about
□ Rejection of crossing the border to Denmark □ Other			
□ Other		☐ Complaint regarding authorities	
		☐ Rejection of crossing the border to Denmark	
Date Signature		□ Other	
Date Signature			
DateSignature			
		Date Signature	