



Power of attorney for members of the press

I,

Name of Principal
Date of birth, CPR-no. or person ID of the Principal

hereby appoint

Name of journalist
Name of media establishment

as my attorney-in-fact for the purposes of inquiring about access to my cases processed by The Danish Return Agency including any and all private and sensitive information as pertaining to said cases.

By this power of attorney, I also permit The Danish Return Agency to make statements on my case(s) to said journalist and/or media establishment.

This power of attorney shall automatically terminate no later than one month after signature, unless terminated by the Principal in writing at an earlier date.

The Principal may at any time revoke said power of attorney by contacting The Danish Return Agency.

Date	Signature of principal
------	------------------------