

Date	

To whom it may concern,

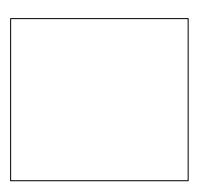
This is to certify that according to our records/proof presented to us:

Last name/ Surname	
First name(s)	
Date of birth	
Current address	

This certification is being issued upon his/her request.

Signature	
Position	
Contact e-mail	
Company/ university	

Stamp (optional)





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