

Leuphana Universität Lüneburg
Graduate School
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Scharnhorststr. 1
21335 Lüneburg

Request for Payment of Child Benefit

Surname, firstname

Date of birth

Current address

Email

I hereby request payment of child benefit for the period from to

in accordance with the Regulation¹ for

Surname, firstname Date of birth

Surname, firstname Date of birth

Surname, firstname Date of birth

Please find attached the documents required for the request:

☐ Copy/copies of birth certificate(s)

☐ Copy/copies of notification(s) of parental allowance indicating the amount and period of receipt of parental allowance

Place, date

Signature

¹ Regulation regarding the Granting of Doctoral/Post-doctoral/Habilitation Scholarships (Official Gazette No. 03/12)