



RESULTS/CERTIFICATES THIRD PARTY COLLECTION

PERMISSION TO COLLECT A CANDIDATE'S CERTIFICATES/EXAM RESULTS

To Student: Please print and complete this form

Print Name: _____

Address: _____

Address: _____

Post Code: _____

To Examinations Office: I am unable to collect my results/certificates in person from school, and therefore, give permission for _____
(Print Name) to collect them on my behalf.

He/she will bring proof of identity and a copy of this notification to enable you to release my certificates.

Print Name: _____ Signature: _____

Date of Birth: _____ Date: _____

This form must be handed in when collecting exam results/certificates by the nominated person named above for the collection of student certificates/results (as signed above)

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Office Use Only: I.D Checked – please initial

