

PERMISSION TO COLLECT A CANDIDATE'S EXAM RESULTS

Please print and complete this form

Name: _____

Address: _____

Date: _____



TO: Examinations Office

I am unable to collect my exam results in person from school, and therefore give permission for:

_____ (Name)

to collect them on my behalf.

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

Yours faithfully,

Signature: _____

Print Name: _____

Candidate Number: _____

Form: _____

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

Office Use Only: I.D Checked – please initial