

PERMISSION TO COLLECT A CANDIDATE'S EXAM RESULTS

TO STUDENT: Please print and complete this form

Name	
Address 1	
Address 2	
Town	
County	
Postcode	
Date	

TO: Examinations Office

I am unable to collect my exam results in person from school, and therefore, give permission for the person nominated below to collect them on my behalf.

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

Signature		Form	
Print Name		Candidate No.	

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: ID Checked – please initial	
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