



RESULTS THIRD PARTY COLLECTION

PERMISSION TO COLLECT A CANDIDATE'S RESULTS

To Student: Please print and complete this form

_____ (Name)

_____ (Address 1)

_____ (Address 2)

_____ (Address 3)

_____ (Address 4)

_____ (Address 5)

_____ (Date)

To: Examinations Office

I will not be able to collect my results on results day and, therefore, give permission for

_____ (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 results.

Yours faithfully

_____ Form Group _____
(Signature)

_____ (Student: Print Name)

_____ (Exam/Candidate Number)

This form must be handed in on Results Day by the nominated person named above for the collection of student results (as signed above).

Office Use Only: I.D checked – please initial