

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)

_____ (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 prior to 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

