**PERMISSION TO COLLECT A CANDIDATE’S RESULTS**

To Student: Please print and complete this form

Name :

Address:

Date:

To: Examinations Officer

I am unable to collect my results in person from school, 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

(Your Signature)

Form Group:

Print Name (Student):

 Exam/Candidate No:

—--------------------------------------------------------------------------------------------------------------------

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

* please initial - Office Use Only: I.D Checked