Candidate permission form

Results/Certificate Collection

Year

☐ 10 ☐ 11 ☐ 12 ☐ 13

Student Information

Full Name: _____

First *Last*

Tutor Group: _____ Date of Request _____

Candidate Authorisation

I give permission for my representative _____ to collect results/certificates (delete as appropriate) on my behalf. I confirm that my representative will provide photographic ID on collection and will sign to confirm collection and that my personal details and grades are correct.

Candidate Name: _____ Signature: _____

Received by: _____ Date: _____