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Authorisation for collection of Exam Certificates

I give permission for	
to collect my exam certificates on my behalf	
Signed:	
Signed.	
(to be signed by student)	
STUDENT NAME:	
STODENT NAME.	
(please print your name)	
(1)	

PLEASE NOTE - THE PERSON COLLECTING THE CERTIFICATES MUST PRODUCE A FORM OF PHOTOGRAPHIC IDENTIFICATION, I.E. PASSPORT OR DRIVING LICENCE.



