



EXAMINATION RESULTS AUTHORISATION – 2024

Authorisation for collection of results
I give permission for _____ to collect my exam results on my behalf Signed: _____ (to be signed by student) STUDENT NAME: _____ (please print your name) PLEASE NOTE - THE PERSON COLLECTING THE RESULTS MUST PRODUCE A FORM OF PHOTOGRAPHIC IDENTIFICATION, I.E. PASSPORT OR DRIVING LICENCE.
Request for results to be posted
Posted: Please enclose an A5 addressed envelope with a first-class stamp on. Signed: _____ (to be signed by student) STUDENT NAME: _____ (please print your name)
Request for exam results NOT TO appear in the press
Please do not print my exam results in the press STUDENT NAME _____ (please print your name) Signed: _____ (to be signed by student)

