RESULTS: THIRD PARTY COLLECTION



Saffron Walden County High School

PERMISSION TO COLLECT A CANDIDATE'S EXAM RESULTS

Students - please print and complete this	s form	
	(Name)	(Date)
To: Examinations Office		
I will not be able to collect my results on res	ults day and, therefore,	give permission for
	(Name) to collect	them on my behalf.
He/she will bring proof of identity and a creater release my results.	copy of this notificatio	n to enable you to
Yours faithfully		
	(Signature)	
(Form)	(Ca	ndidate Number)

This form must be handed in on Results Day by the nominated person named above for the collection of student results.

School Use Only: I.D checked – please initial

