Candidate permission form

Certificate collection

If you would like someone to collect your results, please complete the details below.

|  |  |
| --- | --- |
| Candidate name |   |
| I give permission for my representative (name) to collect results on my behalf. I confirm that my representative will provide photographic ID on collection, check my details and will sign to confirm that my personal details and grades are correct |
| Candidate signature |   | Date |   |