Candidate permission form

Certificate collection

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

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| --- | --- | --- | --- |
| 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 |  |