

PERMISSION TO COLLECT OR SEND RESULTS

Student Name	Form	Cand No.	Date of Birth

COLLECT RESULTS

Please would you allow the nominated person to collect my results on:	Date	Name of collector:
Student Signature		
Collector's Signature		Adult ID seen: Photo ID Type:

SEND RESULTS

Please would you send my results slips in the attached A4 stamped addressed envelope. Please note that you must ensure that the postage will cover the cost of a large envelope.

Student Signature	
-------------------	--

CENTRE STAFF issuing/sending the results

Staff Signature		Date
-----------------	--	------