



THE WELLS ACADEMY

BE KIND. WORK HARD. ACHIEVE GREATNESS

PERMISSION TO COLLECT A CANDIDATE'S EXAM RESULTS

TO STUDENT: Please print and complete this form

_____ (Name)

_____ (Address 1)

_____ (Address 2)

_____ (Address 3)

_____ (Address 4)

_____ (Address 5)

_____ (Date)

TO: Examinations Office

I am unable to collect my exam results in person from school, and therefore, give permission for _____ (Name) to collect them on my behalf.

He/she will bring proof of identity and a copy of this notification to enable you to release my exam results.

Yours faithfully,

_____ (Signature) _____ (Form)

_____ (Print Name) _____ (Candidate Number)

This form must be handed in when collecting exam results by the nominated person named above for the collection of student exam results (as signed above).

Office Use Only: I.D Checked – please initial

