

AUTHORISATION FOR COLLECTION OF EXAMINATION RESULTS

This form is to be used by the person you want to come and collect RESULTS on your behalf. (THIS CANNOT BE ANOTHER CANDIDATE).

|  |
| --- |
| **CANDIDATE TO COMPLETE PART A** |
| Candidate Name:   |  |
| Exam Candidate Number:  |  |
| Authorisation: **I hereby authorise the person named below to collect my examination results from Beckfoot School, in person, in my absence. S/he will present a copy of this letter together with his/her own valid photo identification upon collection.****I authorise the person below to open my results (please tick) YES \_\_\_\_ NO\_\_\_\_**  |
| Candidate Signature:   |   |
| I HAVE PERMISSION TO COLLECT SUMMER 2025 RESULTS **COLECTOR TO COMPLETE PART B** |
| Name of Collector:   |   |
| Relationship to Candidate e.g. Parent, Aunt  |   |
| Signature of Collector:   |   |
|   |
| **For use by Beckfoot School**  |
| Identity checked from valid ID:  | □ Passport □ Driver’s licence □ Other official document (with signature and number): |
| Signature of Collector:    | (DO NOT SIGN YET – signed upon receipt of results)  |
| Signature of Staff and Date of Release:  |  |