

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).

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| **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: |  |