

THIRD PARTY COLLECTION FORM



CANDIDATE: Please print and complete this form.

Name: _____

Address: _____

Town: _____

County: _____

Post Code: _____

Date Exam(s) Taken (Season and Year): _____

Contact Number: _____

TO: Examinations Office

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

They will bring a copy of this signed notification to the Exams Office at Helsby High School to enable you to release my results.

Yours faithfully,

_____ (Signature) _____ (Form)

_____ (Print Name) _____ (Candidate Number)

This form **must** be signed by the candidate and handed in by the nominated person above only when collecting examination results. For confidentiality, results cannot be given out without permission.

Office Use Only: Notice Seen – please initial