



# CANDIDATE PERMISSION FORM

SUMMER 2024

## RESULTS COLLECTION

If you require your results to be collected on your behalf please complete this form and return it with your representative.

I give permission for my representative to collect my results on my behalf from the school on results day.

**REPRESENTATIVE NAME:** .....

**RELATIONSHIP TO STUDENT:** .....

I confirm that my representative may be asked provide photographic ID on collection

**CANDIDATE SIGNATURE:** ..... **DATE:** .....

**CANDIDATE NAME:** .....

*Creating possibilities through alternative education*

