**CANDIDATE PERMISSION FORM**

**SUMMER 2025**

**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: ……………………………………**