



## Sybil Andrews Academy Exam Result Collection Authorisation Form

Full Legal Name of Candidate: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby authorise *[print name]* \_\_\_\_\_ of *[insert address]*

\_\_\_\_\_

to collect my exam results on my behalf on Thursday 12<sup>th</sup> August 2021.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Notes:

The signature must be that of the person whose results are being collected.

The authorised person **must** bring photographic ID e.g. Driving Licence, Passport.

This form needs to be returned either by post or emailed to  
[ichamberlain@sybilandrewsacademy.co.uk](mailto:ichamberlain@sybilandrewsacademy.co.uk) **before** 11<sup>th</sup> August 2021.

**Please note we cannot accept this form on result day**, it must be with the Exam Officer by the dates mentioned.