



Sybil Andrews Academy Certificate Collection Authorisation Form

Full Legal Name of Candidate: _____

Date of Birth: _____

Address: _____

I hereby authorise *[print name]* _____ of *[insert address]*

to collect my exam certificates on my behalf.

Signed: _____ Date: _____

Notes:

The signature must be that of the person whose certificates 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 in advance of collection

Please note we cannot hand over certificates to a third party without written consent from the student