



St John Fisher
Catholic High School

PERMISSION FOR COLLECTION OF EXAM RESULTS BY A THIRD PARTY

Candidate Name: _____ Form: _____ Year: _____

I _____ (print name) give permission

for _____ (print name) to collect my examination results
on my behalf for the Summer 2025 exam season.

I will ensure they are aware that they must bring photo I.D. in order to be able to collect my results.

Candidate signature _____ **Date** _____

This completed form should be brought to Reception by the person collecting the results along with their photographic identification.

For internal use only: Form of ID Provided by 3rd party _____