

Wigston College Exam Result Collection Authorisation Form

| Full Legal Name: | | | |
|---|------------------------------|---------------------|------------------|
| DoB: | | | _ |
| Address: | | | |
| | | | |
| | | | |
| I hereby authorise (print name)behalf. | | _ to collect my exa | am results on my |
| Signed: | Date: | | |
| Notes: | | | |
| The signature must be that of the person whos | se results are being collect | ted. | |
| The authorised person must bring photograph | iic ID e.g. Driving Licence, | Passport. | |
| This form needs to be posted or emailed to ex | ams@wigstonacademy.or | g before :- | |
| 11th August - GCE/Level 3 BTEC/0 | Cambridge Technicals | | |

<u>Please note we cannot accept this form on result day</u>, it must be with the Exam Officer by the date mentioned.