

PERMISSION FOR COLLECTION OF CERTIFICATES

STUDENT NAME _____

CANDIDATE NUMBER _____

DATE OF BIRTH _____

In my absence, I give my authorisation for the following nominated person to collect my certificates on my behalf

Nominated Person _____

Relationship to Student _____

THE NOMINATED PERSON MUST BRING THIS COMPLETED FORM ALONG WITH THEIR PHOTOGRAPHIC ID IN ORDER FOR CERTIFICATES TO BE RELEASED. THEY WILL NOT BE RELEASED WITHOUT THE STUDENTS SIGNATURE WHICH WILL BE VERIFIED.

STUDENT SIGNATURE _____

DATE _____