Name of Student

Settle College

Authorisation for Results Collection

Please complete the table and sign the declaration for your results to be collected by someone other than yourself.

The person collecting your results must bring this signed authorisation and some photo identification with them.

Settle College reserves the right to refuse to release examination results unless all the criteria are met.

Date of Birth	
Person authorised to collect results on beha of the student	alf
or the student	
To Settle College	
Please accept this coperson to collect my e	mpleted document as evidence that I authorise the named examination results.
Yours faithfully	
,	
Signature:	
Print Name:	
Date:	