TO: EXAMS OFFICE -

RE: CERTIFICATE COLLECTION AUTHORISATION

Please complete this section under all circumstances

Name of former stu	dent:	
(Please return to the Exa	ms Office or email <u>exams@s</u>	c.coastandvale.academy)
	Do NOT remove l	ower portion
		wish to authorise alternative arrangements to on at a later date), please also complete
	Complete thi	's section
that they will need to brin	my GCSE certificates as I can ag along their own photograp order to receive my certificate	(insert full name of person who will collect annot collect them. This person understands whic identification (such as a passport or es. Please phone or email Mrs S Clark in
Signed:	(Student)	Name:
		by special delivery at the cost of £7.35 please details and to confirm your postal address.
FOR OFFICE USE ON		
Date received:	Amount received:	Date posted: