**Elizabeth Woodville School**

**STUDENT NAME: ................................................................... (CAPITAL LETTERS)**

**--------------------------------------------------------------------------------------------------------------------------------------**

**Level………………………………………..**

**Year of exams………………………………………………….**

**I authorise the following person to collect my results. I understand that only my nominee can collect my results. I confirm my nominee will bring identification with them when collecting my results.**

**NAME: ......................................................................... (CAPITAL LETTERS)**

**SIGNED: ......................................... (STUDENT) DATE: .....................................**