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Kelly Hassall Principal

PERMISSION TO COLLECT A CANDIDATE'S CERTIFICATES

FULL NAME OF CANDIDATE	
CANDIDATE NUMBER	
ADDRESS:	
POSTCODE:	
Please return completed form to- reception or via email to sjones@ossma.co.uk	

I am unable to collect my exam certificates in person from the academy.

I give permission for:

..... (insert full name) to collect them on my behalf.

He/she will bring proof of photographic identity and a copy of this letter to enable my certificates to be released. For example, Driving License or Passport.

Name of nominated representative.....

Signature.....

Date of collection

ID check complete.....