

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.....