



Examinations Proxy Form

This form should be used when a student wishes to authorise another person (proxy) to collect any document from the Examinations Department requiring a student signature.

Please complete and sign the form. which should then be handed to the proxy.

Student Last Name		Student First Name	
BIL Number		Date of Birth	

I authorise the person named below to collect on my behalf:-

CERTIFICATES / RESULTS / COURSEWORK (delete as appropriate)

Proxy Last Name	Proxy First Name
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Student Signature	
Date	

The proxy should bring this form together with photo ID when collecting documents.

To be signed on receipt of documents

Proxy Signature	
Date	