



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

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	