

The Joseph Whitaker School

An Academy specialising in Sport and Performing Arts



PERMISSION FOR A FRIEND OR RELATIVE TO COLLECT EXAM CERTIFICATES

NAME OF STUDENT.....

NAME OF PERSON COLLECTING CERTIFICATES.....

YEAR ON CERTIFICATES.....

GCSE AND/OR A LEVEL?.....

I give the person named above permission to collect my exam certificates.

STUDENT SIGNATURE.....

DATE.....



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