**Release of Certificates Declaration**

Please complete the details below and sign the declaration for your certificates to be collected by someone other than yourself.

The person collecting your certificates must bring this signed authorisation with them.

St Edmund Arrowsmith Catholic High School reserves the right to refuse the release of examination certificates unless all criteria are met.

|  |  |
| --- | --- |
| **Name of Former Pupil** |  |
| **Date of Birth** |  |
| **Registration Group** |  |
| **Year of Leaving School** |  |
| **Person authorised to collect certificates on behalf of the former pupil** |  |

*(To be completed by former pupil)*

Please accept this completed document as evidence of authorisation for the named person to collect my examination certificates.

Yours faithfully

Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Office use only:**  Date certificates collected:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sign:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |