

EGGLESCLIFFE SCHOOL AND SIXTH FORM COLLEGE

A MEMBER OF
VISION ACADEMY
LEARNING TRUST

CANDIDATE PERMISSION FORM

Certificates Collection – Summer 2019

CANDIDATE NAME: _____

I give permission for my representative *Insert name of representative here*
to collect certificates on my behalf. I confirm that my representative will provide photographic ID on
collection and will sign to confirm collection and that my personal details and grades are correct.

Candidate Signature: _____

Date: _____