COLLECTION FORM EXAMINATION RESULTS

STUDENT'S NAME:



Please remember that your results are very confidential pieces of data and must be treated by the School with the utmost care. Therefore, the preferred method of collection is in person on the day of the results. The alternative arrangements below are only available in those instances when there is a legitimate reason why you cannot collect your results personally.

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YEAR GROUP:		DATE OF REQUEST:	
If you are unable to coll options:	lect your GCSE or G	SCE results on the day of	publication there are a number of
Collection by a noCalling the School	-		
*this should be after 08:0 **we cannot guarantee se		me. or Hotmail, Yahoo type acc	ounts.
Please tick which methoverleaf and sign overle		below and then complet	e the full details, as appropriate,
In person: I will be calling	g into school to collec	t my results	
I would like my results po	osted to the address o	overleaf.	
I would like my results collected by a third party. (The nominated person must bring ID with them).			
I am away and would like my results read to me over		hool and have	
I would like to have my re	esults emailed to me.		

POSTAL ADDRESS:

Address Results/Certificates to be sent to (Please use Block Capitals and ensure you have the correct postal code):
NOMINATED PERSON TO COLLECT (Please ensure this person brings photo ID with them)
NAME OF PERSON:
RELATIONSHIP TO YOU:
TELEPHONING INTO SCHOOL:
You cannot telephone in to school until after 08:00 am Cyprus local time, please ensure you allow for the when calculating your time to call. You will also be asked to confirm about 2 other forms of data which will hold on you e.g. first line of your home address.
EMAILING RESULTS
Please remember the data security risk using this method, particularly if using a Hotmail or similar accourand we cannot be held responsible if your results do not remain secure as a result of using such a account.
(PLEASE USE CAPITAL LETTERS) EMAIL ADDRESS TO BE USED:
(This email will not be sent until after 10:00 am Cyprus local time)
SIGNATURE:
PRINT NAME: DATE: