Date:

To: Examinations Office

Luton Sixth Form College

Bradgers Hill Road

Luton, LU2 7EW

I hereby authorise the person stated below to collect my exam results/certificates on my behalf and I take full responsibility for any loss or damage.

Yours sincerely,

Print Name:

Student ID Number:

Signature:

Details of Authorised Person

Full Name:

Relationship with Applicant:

The nominated person collecting the exam results/certificates must bring a form of photography ID with them on collection.

Bradgers Hill Road
Tel: 01582 877500
Email: college@lutonsfc.ac.uk
Website: www.lutonsfc.ac.uk