



**Headteacher: Louise Cowley**

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## Examination Certificates

### Third Party Collection - Permission Slip

**Student Name..... (Print)**

**Year 10 -11 - 12 - 13 (Circle as applicable)**

**I authorise the person named below to collect and sign for my Examination Certificates on my behalf:**

**Name of person collecting..... (Print)**

**Relationship to Student, i.e. parent..... (Print)**

**Student Signature.....**

**Date.....**

**NB: The person collecting the results will be required to produce a form of identification i.e. Driving Licence/Passport and this permission slip.**