

Certificate Collection Nomination Form

Student Declaration

Candidate Name	
I give permission for my representative 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. I understand that the school will not be responsible for any loss or damage after release.	
Candidate Signature	
Date	

Nominee Acknowledgment

Full Name of Nominee	
Relationship to Student	
I acknowledge responsibility for collecting the certificate(s) on behalf of the student and will present my ID at collection.	
Signature of Nominee	
Date	

For School Use Only

Field	Details
Collected By	<input type="checkbox"/> Student <input type="checkbox"/> Nominee
Verified ID Type	
Staff Name (Verifier)	
Staff Signature	
Date of Collection	