**STUDENT REQUEST FOR RESULTS**

STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MENTOR GROUP: \_\_\_\_\_\_\_\_\_\_\_

YEAR: \_\_\_\_\_\_\_\_\_\_\_\_

RESULTS DAY DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorise the Examinations Officer to email me my results to:

Email Address: ………………………………………………………………………………………………………………….

AND/OR

I authorise the Examinations Officer to post my results to me at the following address:

Address Line 1: ……………………………………………………………………………………………….

Address Line 2: ……………………………………………………………………………………………….

Address Line 3: ……………………………………………………………………………………………….

 Post Code: …………………………

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE RETURN THIS FORM BY POST OR EMAIL BY **31ST JULY** TO:

THE EXAMS OFFICER

FINHAM PARK SCHOOL

GREEN LANE

COVENTRY

CV3 6EA

Email: exams@fimhampark.co.uk