

Third Party Application Form for the Verification of Examination Results

Please complete all sections as fully as possible. Those sections marked * are essential for us to locate examination records. Incomplete submissions may be returned for further information.

YOUR DETAILS:

Company name		1	I	1	I	I	I	I	I	I	i	I	1	I	I	1	I	1	i	I	1	I	1	1	i	I	I		
Contact name		I	1	I	I	I	Í	I	I	I	Í	I	1	I	ĺ	1	I	1	Í	ĺ	1	I	1	I	ĺ	ĺ			
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Fax no.		I	I		1		I		1	I	I	I	1	I	1	1	I	1	I		I	1		1	1	I		[
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Your reference		1	1		ĺ		ĺ						1			1		1			1		1						

CANDIDATE DETAILS:

*Candidate's full name	1	1	1	1		1			ĺ		ĺ	Í				ĺ	I			I	1			ĺ	1	ĺ	I
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*Name at time of exams	ĺ	1	1	1	I	I	I	I	I	ĺ	ĺ	Í	ĺ	I	I	I	I	I	I	I	1	ĺ	ĺ	ĺ	1	Í	
*Date of Birth	1	I	1	1		1	I																				

I authorise OCR to provide the details, including subjects taken and grades achieved, of any examination records held at the OCR Cambridge Office to the third party stated above.

Signature of Candidate

2

Date

PROOF OF IDENTIFICATION:

Applications will **not** be processed without proof of identity. Please provide one form of identification from option 1 (below). If your name has changed since you sat your examinations, please also provide one form of identification from option 2.

- 1 Birth Certificate, Driving Licence or Passport
 - Marriage Certificate, Decree Absolute or Deed Poll

Please indicate (\checkmark) the form of identification enclosed.

Please return this completed form to Centre Support (Historical Records), OCR Cambridge Office, 1 Hills Road, Cambridge, CB1 2EU Tel: 01223 553225 Fax: 01223 552646

EXAMINATION DETAILS:

*Name of School or College attended		ĺ	I	I	I	Í	I	I	I	I	I	I	I	I	ĺ	I	I	1	I	I	I	1		l			1	I	1
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Centre number	I	I	1	1	I	I	1	1			Са	anc	dida	ate	Νι	Imp	ber			I	ĺ	I	1				1	I	1
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*Year/month of exams	I	1	I	I	Í	Í	1	I			Sı	ıbje	ect	s T	ak	en													
*Level of exam (e.g GCSE)				1	I	I	1																						

An examination session comprises one or more subjects taken at one or more levels during a given period in a given year. For example, Summer 1990 is one session and November 1990 a second session. If examinations were taken in more than one examination session, please attach the details on a separate sheet.

FEES:

A charge is made to cover the search and administration costs.

£14.00 for the first examination session	1	х	£14.00
£10.00 for each subsequent examination session		х	£
	Tota	=	£

PAYMENT DETAILS:

Please indicate ($\sqrt{}$) your method of payment. Payment is only accepted in £ Pounds Sterling.

Mastercard	Maestro	Visa	
UK Postal Order	Cheque		

Cheques and UK Postal Orders should be made payable to OCR. Cheques must be drawn upon a bank based in the UK.

If paying by Visa, Mastercard or Maestro please complete the following:

Name of Card Holder	
Card Number	
Expiry Date	
Issue Number (if shown)	
CVC number (last 3 digits of number on reverse of card)	

Signature of Card Holder

Date

Please return this completed form to Centre Support (Historical Records), OCR Cambridge Office, 1 Hills Road, Cambridge, CB1 2EU Tel: 01223 553225 Fax: 01223 552646