



FINHAM PARK
MULTI ACADEMY TRUST

STUDENT REQUEST FOR RESULTS

STUDENT NAME: _____

MENTOR GROUP: _____

YEAR: _____

RESULTS DAY DATE: _____ 2020

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 **FRIDAY 31ST JULY** TO:
THE EXAMS OFFICER
FINHAM PARK SCHOOL
GREEN LANE
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CV3 6EA

Email: exams@fimhampark.co.uk