

Consent to provide personal information

I, the candidate (enter details below)

First Name(s)	
Surname	
Date of birth	

give full consent to Pearson for the following person(s)/institution(s) to apply, discuss, and / or receive details of my qualification(s):

** State all named person(s) not yourself and / or institutions listed on the application form.*

Examples include:

Name of bill payer.

Applicant (if not yourself), this includes a parent.

Delivery address contact(s), this includes universities, colleges, verification companies.

Email address contact(s).

Name of person(s) / institutions(s) *	
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Signed (the candidate)	Date
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Please print and sign this form and attach it to your online application form.