

# TRF Authorization Form

Dear Administrator

I \_\_\_\_\_ request to provide authorization to \_\_\_\_\_ for the purpose of picking up my Test Report Form for the test taken on \_\_\_\_\_ (DD/MM/YY) with the Candidate Number of \_\_\_\_\_.

I have attached a copy of my passport and provided I.D for the person authorized for your records.

In order to authorize someone to collect your result on your behalf, please provide them with the following:

- A letter of authorization to include: authorize full name, candidate number, test date & signature
- A copy of your passport.
- He/she must bring a recognized form of photo ID and a copy of the same for our records.

Candidate Name:

Authorized Person's Name:

Candidate Number:

Signature:

Signature: