

CONSENT FORM FOR THE RELEASE OF ACADEMIC RECORDS



I, the undersigned, do hereby consent and agree that _____ its employees, or agents have the right to request my academic records and to use these exclusively for the purpose of _____

Please accept this letter as my authorisation for you to release information with respect to my qualifications.

Personal Details

First name:

Surname:

Candidate ID number: CON-000:

Approximate year of study:

Current email address:

Contact number:

Email address if different from above:

Signature:

Date:

If you have any queries in relation to this form, please do not hesitate to contact ICA at: www.int-comp.org/help-and-support/contact-us/ or by telephone: +44 121 362 7657