

# 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 by email: [assessment@int-comp.org](mailto:assessment@int-comp.org) or by telephone: +44 121 362 7657