

RELEASE OF ACADEMIC RESULTS

Please return to Reception ASAP

Dear Student Records

Name _____

University _____

Degree _____

Student ID Number _____

Course start (e.g. Sem 1, 2025) _____ Course end _____

Are you a Dalyell scholar (Yes/No)?

I consent for my University to provide a copy of my academic results each semester to my College of residence, Sancta Sophia College. I understand that the University may wish to contact me in relation to this consent. Should I wish to withdraw this consent at any time, I will notify the University and College in writing.

I will notify the College if I change my enrolment and/or university.

Signature _____

Date _____

Students: please sign and return to Reception as soon after your arrival as possible.