

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.

First name: _____ Surname: _____

Candidate ID number: CON-000 _____ Contact number: _____

E-mail address: _____

Signature: _____ Date: _____

If you have any queries in relation to this form, please do not hesitate to contact ICA by
email: icaassessments@int-comp.org or by telephone: +44 121 362 7657