Thornhill College Post Result Services Processing

Please attach this form to the appropriate consent form. Please ensure you record accurately your contact details and the services you require so that your request can be processed as soon as possible.

To be completed by the candidate:

Name:_____

Candidate Number:_____

Email Address:_____

Contact Number:_____

Exam Board	Subject	Unit Code	Service Required	Price
			Total Payment	

To be completed by the office:

Time of Payment: _____

Date Payment Made: _____

Total Paid: _____

Receipt Number: _____

To be completed by exams officer only:

Date application has been entered on System: _____/_____ /26

Date outcome has been received and shared with candidate: _____/_____ /26

Outcome of request for review of Marking:_____

Refund due: YES / NO