



Consent for someone to act on your behalf

We know that not everybody is comfortable or confident about making enquiries, requesting information, making a complaint or challenging a decision that relates to them. Some people prefer to have someone do it for them.

Giving consent

If you would like someone else to contact SQA and act on your behalf, please complete the consent form below.

Your Details:

First Name:

Last Name:

Date of Birth:

Address:

Contact Telephone No:

Email:

I hereby authorise the following named person to contact SQA on my behalf.

First Name:

Last Name:

Address:

Contact Telephone No:

Email:

I understand that this may result in SQA releasing information about me, including details of my qualifications, to my representative.

Signed:

Date:

Please print your full name

* Please note that it is an offence to impersonate an individual to obtain personal data under data protection legislation.

Please submit your form by

Post to: Customer Service Team
3rd floor
Scottish Qualifications Authority
The Optima Building
58 Robertson Street
Glasgow
G2 8DQ

Email to: Customer@sqa.org.uk