

Temasek Secondary School

Teamwork | Performance Excellence | Integrity | Care

AUTHORISATION LETTER

l,	(Full Name), IC No
from Class, am ur	nable to collect the result slip in person.
I hereby authorise Mr / Ms / Mdm	(Full
Name), IC No	who is my parent / sibling / Guardian *or others
(State th	e Relationship) to collect the results on my behalf.
Date collected:	
Signature of authorised personnel: _	
Contact number of authorised perso	nnel:

Note: Authorised personnel must produce Photo ID for identification at the General Office.