



*An Rannóg Dheimhniúcháin
Coimisiún na Scrúduithe Stáit
Cor na Madadh, Baile Átha Luain,
Co. na hIarmhí*

Tel: 090 6483872/73

*Certification Section
State Examinations Commission
Cornamaddy, Athlone,
Co. Westmeath*

Fax: 090 6478367

REQUEST FOR CERTIFIED STATEMENT OF EXAMINATION RESULTS

Personal Details

Name: _____ Maiden Name (if applicable) _____

Current Address: _____

Phone No: _____ Date of Birth: _____

Daytime Contact No: _____

Examination Details

Examination (Leaving / Junior Cert. etc.): _____

Year: _____ Exam Number: _____

Name and Address of School Attended: _____

Please note:

- A fee of €12.50 is payable in respect of each Certified Statement of results requested
- When completing this form please ensure all details are correct. While it may not always be possible to complete all sections e.g. exam numbers, due care should be taken to recall the correct year in which the exam took place and that the name matches exactly the name printed on the original certificate.
- Please allow a minimum of 10 days, from date of receipt of the request, for issue of the Certified Statement of Results.
- Forward the completed form together with the appropriate fee to Certification Section, State Examinations Commission, Cornamaddy, Athlone, Co. Westmeath.

I declare that I have completed this form to the best of my knowledge and belief and I am enclosing the appropriate amount €.....

Signature of Candidate: _____

Date: _____

