



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

*Tel: 090 64 42808 / 42809*

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

*Fax: 090 64 42811*

## **REQUEST FOR CERTIFIED STATEMENT OF EXAMINATION RESULTS**

### **Personal Details**

PPS. No. \_\_\_\_\_

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: \_\_\_\_\_

