

# Past results search form

**Use this form:**

- to request a search of our exam records to confirm the result achieved in a previous ABRSM exam taken in the UK or Ireland.

**The search covers:**

- **ONE exam only**
- **a maximum of SIX exam sessions**

Please use a separate form for further searches (you may photocopy this form).

## Personal information

*This section is for your current personal details*

Title \_\_\_\_\_

Surname \_\_\_\_\_

Forename \_\_\_\_\_

Date of birth           ddmmyyyy (optional)

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_

E-mail \_\_\_\_\_

Daytime telephone \_\_\_\_\_

## Exam information

Name of candidate at time of exam \_\_\_\_\_

Type of exam \_\_\_\_\_ **one only**  
*Practical or Theory*

Instrument \_\_\_\_\_ **one only** **Instrument & grade**  
*Practical only* *If you want searches for different instruments or grades please complete separate forms for each and pay a fee for each one*

Grade \_\_\_\_\_ **one only**

Name of teacher who entered you \_\_\_\_\_

Name of school which entered you \_\_\_\_\_

Place of exam \_\_\_\_\_ **Place of exam**  
*Please give the name of the nearest town. If London, specify the area eg Ealing.*

Date of exam if known \_\_\_\_\_ **mmyy**  
*If not known, please enter the session and year eg Summer / 1984*

Search no **1:** \_\_\_\_\_ / \_\_\_\_\_ **2:** \_\_\_\_\_ / \_\_\_\_\_ **3:** \_\_\_\_\_ / \_\_\_\_\_  
**4:** \_\_\_\_\_ / \_\_\_\_\_ **5:** \_\_\_\_\_ / \_\_\_\_\_ **6:** \_\_\_\_\_ / \_\_\_\_\_

**Session & year**  
*Spring (A), Summer (B) or Autumn (C)*

## Additional information

The majority of records are stored on microfilm and microfiche, so searches can often take a considerable time. Please let us know if there is a specific reason that information is required urgently:

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If you have the mark form, or any official documentation relating to the exam, please send a photocopy with this form and state here what you have sent:

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## Payment

Either **Please charge £** \_\_\_\_\_ **to the following credit/debit card:**

**Visa**       **Mastercard**       **Delta**

Please note that we do not accept American Express

*Prices for past result searches  
can be found on our website at  
[gb.abrsm.org/en/exam-booking/exam-dates-and-fees](http://gb.abrsm.org/en/exam-booking/exam-dates-and-fees)*

Card Number | | | | | | | | | | | | | | | | | | | | | |

| | | | | **mm** **yy**  
Expiry date

Signature of cardholder \_\_\_\_\_

Name of cardholder \_\_\_\_\_ **please print**

or **I enclose a cheque made payable to ABRSM for £** \_\_\_\_\_

**Please send the completed form(s), together with your payment to:**

ABRSM  
4 London Wall Place  
London EC2Y 5AU  
United Kingdom

**Please mark the envelope:**

PAST RESULTS SEARCH

## Contact us

We are pleased to help with any enquiries.  
Our offices are open on weekdays from 08:30 to 17:30.

T +44 (0)20 7636 5400

[www.abrsm.org](http://www.abrsm.org)

## Office use only

Date received \_\_\_\_\_

Date acknowledged \_\_\_\_\_

Amount paid \_\_\_\_\_

F/S No / CDC \_\_\_\_\_

Successful  Yes       No

Date response given \_\_\_\_\_