Past results search form

ABRSM

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 *Practical or Theory* _____ **one only**

Instrument *Practical only* _____ **one only**

Grade _____ **one only**

Name of teacher who entered you _____

Name of school which entered you _____

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

Place of exam _____

Date of exam if known _____ **mmyy**

*If not known, please enter the **session** and **year** eg Summer / 1984*

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

Search no **1:** _____ / _____ **2:** _____ / _____ **3:** _____ / _____

4: _____ / _____ **5:** _____ / _____ **6:** _____ / _____

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

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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:

_____

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:

_____

Payment

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

Prices for past result searches can be found on our website at gb.abrsm.org/en/exam-booking/exam-dates-and-fees

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

Please note that we do not accept American Express

Card Number |_|_|_|_| |_|_|_|_| |_|_|_|_| |_|_|_|_|

|_|_|_|_| **mmyy**
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

How we use your information
ABRSM and ABRSM Publishing will use the personal information that you provide to administer the search of your past results and in accordance with applicable data protection laws and our Privacy Policy – Please visit www.abrsm.org/privacypolicy.

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

Office use only

Date received _____

Date acknowledged _____

Amount paid _____

F/S No / CDC _____

Successful ☐ Yes ☐ No

Date response given _____

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