

**TEST RESULTS WITHDRAWAL AUTHORIZATION FORM**

I, the undersigned.....  
born on.....in.....  
address.....  
city and country.....

authorize

Mr/Ms.....  
born on.....in.....  
address.....  
city and country.....

to collect my results from Helab Florence in Piazza della Libertà  
13, Florence.

(date).....

delegant's signature.....

delegated person's signature.....