

In addressing this request, the AMEB (NSW) will correspond with the candidate's teacher, as appropriate.

TEACHER / PRIVATE ENROLLER DETAILS

Teacher/Private Enroller Name: Teacher/Private Enroller Number:.....

Phone: Mobile:

Email:

Are you the candidate's teacher?

Yes

No - please provide the teacher's name and teacher number

CANDIDATE DETAILS

Candidate Name: Candidate Number:

EXAM DETAILS

Examiner Name:

Date of Examination: Location:

QUERY/FEEDBACK

Multiple horizontal lines for writing the query or feedback.

Signature of Teacher/Private Enroller:

Date: / /

Please return to AMEB (NSW) by email or post within 10 working days of receipt of examination report.