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REQUEST FOR SUPPRESSION OF EXAMINATION RESULTS FROM THE PUBLIC DISPLAY NOTICEBOARD

Student ID Number: _____

Last Name: _____

First Name(s): _____

Course Name & Year: _____

Postal Address: _____

Phone (Day/Mobile): _____ Phone (Evening): _____

Email: _____

I request that my examination results be withheld from 'Public Display' results notices for the end of Semester results for Semester 1 / 2 (please circle applicable semester), 20____

I understand that this request applies only to examination results issued by the Head, Student Administration, and does not apply to any unofficial results that may be displayed from time to time by a School. I also understand that a new form must be submitted for each semester that I wish my results suppressed.

SIGNATURE: _____ **DATE:** _____

This form must be returned to The Head, Student Administration, either by mail or in person:

By Post to:
Student Administration
The University of Sydney
Faculty of Health Sciences
PO Box 170, Lidcombe NSW 1825

In Person to:
Student Enquiry Counter
Ground floor, 'A' Block
Hours: Monday to Friday 9.00 – 4.30