

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: .....

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.