



## Payment

Either **Please charge £25.00 to the following credit/debit card:**

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 for £25.00**  
made payable to ABRSM

## 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:

\_\_\_\_\_

**Please send the completed form(s), together with your payment to:**

ABRSM  
24 Portland Place  
London W1B 1LU  
United Kingdom

**Please mark the envelope:**

PAST RESULTS SEARCH

## Contact us

We are pleased to help with any enquiries.  
Our offices are open on weekdays from 08:00 to 17:30.  
T +44 (0)20 7467 8221  
F +44 (0)20 7467 8820  
E [pastresults@abrsm.ac.uk](mailto:pastresults@abrsm.ac.uk)  
[www.abrsm.org](http://www.abrsm.org)

## Office use only

Date received \_\_\_\_\_

Date acknowledged \_\_\_\_\_

Amount paid \_\_\_\_\_

F/S No / CDC \_\_\_\_\_

Successful  Yes       No

Date response given \_\_\_\_\_