

Centre officer: .....

Position: .....

Centre name: .....

I acknowledge receipt of Access to HE Diploma certificates and associated transcripts  
for the following:

**Cohort ID:** .....

**Name of Access to HE Diploma:** .....

**No. of certificates received:** .....

**Date received:** .....

Signature: .....

Date: .....

**Return to Gateway Qualifications within five working days.**

**Failure to comply with this request will be treated as a breach of security of the  
award of credit for the Access Diploma and may affect AVA approval of your  
course.**

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