

2018/19 ESTATES MANAGEMENT RECORD (C18042)

NIL RETURN

Provider Name:

Provider Id:

Please *sign and return this form by 28 February 2020.

Please return this form by email to liaison@hesa.ac.uk. The form can also be returned by post to: Liaison, Higher Education Statistics Agency, 95 Promenade, Cheltenham, Gloucestershire, GL50 1HZ.

*To be signed by the Provider's Accountable Officer (England)/Head of Provider.

I confirm that:

This provider has no provision which meet the eligibility criteria for the Estates record as specified in the [coverage of the record](#):

*Signed:

Name (please print):

Position (please print):

Date: