# 2019/20 Student RECORD (C19051)

## NIL RETURN

**Provider Name:**

**Provider Id:**

**Please \*sign and return this form by 15 September 2020.**

Please return this form by email to liaison@hesa.ac.uk.

\* To be signed by the Provider’s Accountable Officer (England and Wales) or Head of Provider (Scotland and Northern Ireland).

**Please confirm why this provider has no provision which meet the eligibility criteria for the Student record as specified in the** [**coverage of the record**](https://www.hesa.ac.uk/collection/c19051/coverage)**:**

\*Signed:

Name (please print):

Position (please print):

Date: