

AQA

City & Guilds

CCEA

OCR

Pearson

WJEC

## **ACCESS TO SCRIPTS Candidate consent form for access to and use of examination scripts**

<b>Centre Number:</b> 33743	<b>Centre Name:</b> Shevington High School
<b>Candidate Number:</b>	<b>Candidate Name:</b>
Subject:	Component/unit code:

**I consent to my scripts being accessed by my centre.**

**Tick ONE of the boxes below:**

**If any of my scripts are used in the classroom I do not wish anyone to know they are mine. My name and candidate number must be removed.**

**If any of my scripts are used in the classroom I have no objection to other people knowing they are mine.**

Signed: ..... Date: .....

**This form should be retained on the centre's files for at least six months.**