



## POST RESULTS SERVICES: Access to Scripts

### Candidate Consent Form for Use of Examination Scripts

<b>Centre Number</b> 28320	<b>Centre Name</b> South Wolds Keyworth
<b>Candidate Number</b>	<b>Candidate Name</b>
<b>Contact Number</b>	<b>Email</b>

<b>Awarding Body</b>	<b>Level</b>	<b>Exam Code</b>	<b>Exam Title</b>

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

**Please tick ONE of the boxes below:**

If any of my scripts are used in the classroom I do not wish anyone to know it is 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.

**Candidate Signature:** ..... **Date:** .....