The South Wolds Academy and Sixth Form

Church Drive, Keyworth, Nottingham NG12 5FF Examinations Officer: Sam Turnock Email: exams@southwolds.notts.sch.uk

POST RESULTS SERVICES: Access to Scripts

Candidate Consent Form for Use of Examination Scripts

| Centre Number | | | Centre Name |
|--|-------|-----------|----------------------|
| 28320 | | | South Wolds Keyworth |
| Candidate Number | | | Candidate Name |
| | | | |
| Contact Number | | | Email |
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| | | | |
| Awarding Body | Level | Exam Code | Exam Title |
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| 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. | | | |
| , and sandade named need to removed. | | | |
| If any of my scripts are used in the classroom I have no objection to other people knowing they are mine. | | | |
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| Candidate Signature: Date: | | | |