

Access to Scripts - Candidate consent form

Candidate consent form for access to and use of examination scripts

Centre Number: 31155	Centre Name: North Leamington School
Candidate Number:	Candidate Name:
Awarding body: (AQA, OCR, WJEC or Edexcel):	Qualification level (GCE A Level or GCSE):
Subject Title:	Component code(s)/unit(s)/paper(s) number*

Please tick one or both boxes below:

- I consent to my scripts being accessed by my centre for my personal reference only
- I consent to my scripts being accessed by my centre for teaching and learning purposes (any names will be removed)

Signed: _____ Date: _____

Personal email address: _____ Mobile number: _____

***If you want all papers for the subject, please indicate ALL – there is no need for a separate form for each component.**

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