

ACCESS TO SCRIPTS

Candidate consent form for access to and use of examination scripts.

Name: _____ **Candidate Number:** _____

Contact Details

Mobile: _____

Email address (not Beckfoot email address):

Subjects	
Component/Unit Codes	

☐

I wish to obtain a copy of my scripts(s) (max 5 papers) for my own records emailed to above address.

☐

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 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.

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

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