

CONTACT TELEPHONE NUMBER:

SCHOOL/STUDENT REQUEST

CONTACT EMAIL ADDRESS:

## Appendix B



AQA

City & Guilds

CCEA

OCR

Pearson

WJEC

**ACCESS TO SCRIPTS** if parental request, costs are shown on the school website

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

Centre Number 33625	Centre Name WELLINGTON SCHOOL
Candidate Number	Candidate Name
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 MUST BE THE SIGNATURE OF THE STUDENT

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