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| AQA  | City & Guilds  | CCEA  | OCR  | Pearson  | WJEC  |

**ACCESS TO SCRIPTS**

Candidate consent form for access to and use of examination scripts

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| --- | --- |
| Centre Number  | Centre Name  |
| Candidate Number  | Candidate Name  |
| Qualification level/subject | Component/unit code  |

I consent to my scripts being accessed by Chiltern Hills Academy.

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: ............................