

AQA

City &  
Guilds

CCEA

OCR

Pearson

WJEC



## ACCESS TO SCRIPTS

Candidate consent form for access to and use of examination scripts

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: .....