

AQA City & Guilds CCEA OCR Pearson WJEC

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**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

|  |  |
| --- | --- |
| Centre number | Centre name |
| Candidate number | Candidate name |
| Qualification level/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 form should be retained on the centre’s files for at least six months.**

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