



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 |
| 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.**

**Please return to the Exams Office.**