

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

**Initially the school will only access the script to assess whether a review of marking is worthwhile and contact you accordingly.**

Centre number <b>46813</b>	Centre name <b>Up Holland High School</b>
Candidate number:	Candidate Name:
Awarding Body/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: .....