

Appendix B – Access to Scripts – Candidate consent form for access to and use of examination scripts



AQA City & Guilds CCEA NCFE OCR Pearson WJEC

Access to Scripts

Candidate consent form for access to and use of examination scripts

Centre number 26228	Centre name UNIVERSITY ACADEMY HOLBEACH
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.