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



AQA	City & Guilds	CCEA	OCR	Pearson	WJEC
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Access to Scripts

Centre number

Candidate consent form for access to and use of examination scripts

Centre name

52323		OUSEDALE	SCHOOL			
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 My na	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 they a	If any of my scripts are used in the classroom, I have no objection to other people knowing they are mine.					
Signed:		Date	2:			

This form should be retained on the centre's files for at least six months.