



AQA

City & Guilds

CCEA

OCR

Pearson

WJEC

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

Centre Number: 22205	Centre Name: Kimbolton School
Candidate Number:	Candidate Name:
Subject:	Component/Unit Code/Paper Number:

☐ 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.