



CANDIDATE CONSENT FORM – ACCESS TO SCRIPTS

Please complete the details below:

Centre Number	Centre Name

Candidate Number	Candidate Name

Please provide details of the examination scripts you grant the centre access to and use of:

Qualification Level	Subject Title	Unit/Component/Paper	Fee

Tick the box below:

- 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 will be retained on file at the centre for at least six months following the request for access to your scripts.