CONSENT FORM - Access to scripts

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

Centre Number	34641	
Centre Name	Range High School	
Candidate Number	*	
Subject details		
Subject	*	
Unit	*	
Subject	*	
Unit	*	
Subject	*	
Unit	*	

All details must be completed before the application can be made.
Candidate information can be found on results slips.

- I consent to my scripts being accessed by my exam centre
- If any of my scripts are used in the classroom - My name must be removed
- If any of my script are to be used in the classroom- I have no objection to other people knowing they are mine

Signed …………………………………………………….. Dated ……………….