

Candidate consent form for access to and use of examination scripts

AQA

OCR

Pearson

WJEC

Centre number 17263	Centre name Chauncy 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 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.