

ACCESS TO SCRIPTS

Candidate consent form for access to and use of examination Scripts

Centre Number:	Centre Name:
Candidate Number:	Candidate Name:
Subject:	Component/Unit Code:

☐ I give 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 it is 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:

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