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Access to Scripts

Candidate consent form for access to and use of examination scripts

Candidate name:

Candidate number:

Candidate email address:

Qualification level (eg, GCSE, A Level):

Subject:

Component/Unit:

Qualification level (eg, GCSE, A Level):

Subject:

Component/Unit:

Qualification level (eg, GCSE, A Level):

Subject:

Component/Unit:

I consent to my scripts being accessed by my Centre

Sending every young person into the world able and qualified

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Who is requesting the script?

Name of person (eg, the candidate, a teacher, a parent):

Email address for that person:

Fees

If a teacher requests access to your scripts for Teaching and Learning – free

If you wish to have a priority access to scripts to make a decision on a review of marking – free

Any other access to scripts - £5 per paper

- I want to make payment via Bank transfer (Year 13 and Year 11 leavers)

I would like you to correspond with my parent/guardian regarding payment.

Please provide a name and an email address for a parent or guardian

Name: _____

Email address: _____

- I will be returning to Year 12 at Wallingford School so I understand the payment for Access to Scripts will be on Parentpay and I must ask my parents to make the payment

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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 that they are mine:

☐

Signature:

Date:

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