**Access to Scripts – Candidate Consent form for access to and use of examination scripts**

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| **Centre Number:** 46227 | **Centre Name:** Saint Aidan’s C of E High School |
| **Candidate Number:**

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 | **Candidate Name:****Contact Number:****Email:** |

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| Tick **One** of the following: |
| I consent to any of my scripts being accessed by my centre. |
| I consent to only the following qualifications scripts being accessed by my centre.­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Tick O**ne** of the following: |
| 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.