



## Candidate Consent Form

Access to and use of examination scripts



**AQA                  OCR                  Pearson                  WJEC**

Centre number <p style="text-align: center; font-weight: bold;">12849</p>	Centre name <p style="text-align: center; font-weight: bold;">Hall Mead School</p>
Candidate name	Candidate number
Candidate telephone number	Candidate email address
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.

candidate signature: ..... Date: .....

<b>For Office use only:</b>			
Date signed form received:	...../...../.....	Date request processed:	...../...../.....
		Date script sent to department:	...../...../.....