

AQA      City & Guilds      CCEA      OCR      Pearson      WJEC

## 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 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.**