



AQA

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**ACCESS TO SCRIPTS – Candidate Consent Form**

Candidate consent form for access to and use of examination scripts

Centre Number <b>52241</b>	Centre Name <b>Holmer Green Senior School</b>
Candidate Number	Candidate Name
Subject(s)	Component(s) / unit code(s)
Candidate email address (if scripts are to be returned to student)	

**Tick the box below to give your consent:**

I consent to my scripts being accessed by my centre.

**Tick ONE of the boxes below regarding the use of your script(s):**

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.**