

Access to Scripts

Candidate consent form for access to and use of examination scripts

Centre Number 40339	Centre Name The Whitby High School
Candidate Number	Candidate Name
Qualification Level/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:.....