**NOTRE DAME HIGH SCHOOL, NORWICH**

**ACCESS TO SCRIPTS**

Candidate consent form for access to and use of examination scripts

|  |  |
| --- | --- |
| Centre Number18151 | Centre NameNotre Dame High School, Norwich |
| Candidate Number  | Candidate Name  |
| Subject  | Component/unit code(s)  |

🞏 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: .........................................

August 2019