

# Access to Scripts - Candidate consent form for access to and use of examination scripts

JCQ

AQA

City & Guilds

CCEA

OCR

Pearson

WJEC

## Access to Scripts

### Candidate consent form for access to and use of examination scripts

Centre number <b>18151</b>	Centre name <b>Notre Dame High School</b>
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.

Email to [exams@ndhs.org.uk](mailto:exams@ndhs.org.uk) from your **school email address**

Signed : ..... Date.....

**This form should be retained on the centre's files for at least six months.**