**ACCESS TO SCRIPTS** - **Candidate consent form for examination scripts**

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| --- | --- |
| Centre Number61217 | Centre NameSt John Fisher Catholic School |
| Candidate Number | Candidate Name |
| Subject | Component/Unit Code |

**Teachers may request copies of a student’s script to use in the classroom as long as the students gives their permission.**

**Request from teacher Request from student**

Teacher name: …………………………………………………..

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

**Tick ONE of the boxes below:**

**If any of my scripts are used in the classroom I do not wish anyone to know it is 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.**

**I am requesting a copy of a script for myself and paying the fee of £………………**

Student signature: …………………………………………………………. Date: …………