

Candidate consent form for access to and use of examination scripts

AQA OCR Pearson WJEC

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| Centre number | Centre name      |
| 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:      ...................

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