

Candidate consent form for access to and use of examination scripts

AQA OCR Pearson WJEC

|  |  |
| --- | --- |
| 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.**