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



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AQA	City & Guilds	CCEA	OCR	Pearson	WJEC		

## **Access to Scripts**

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

Centre number		Centre name			
Candidate number		Candidate name			
Qualification level/subject		Component unit/code			
	I consent to my scripts being a	ccessed 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.				
Signe	d:	Date:			

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