

## 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 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.**

If a charge is applicable, please enclose cash for the correct amount (no change given) or a cheque payable to: **Staffordshire County Council**

Cost: \_\_\_\_\_

If you have left school please provide: email \_\_\_\_\_ Phone number \_\_\_\_\_