Post-results services: request, consent and payment form Summer 2025

To request a Review of results (**RORs**) service and/or an Access to scripts (**ATS**) service, complete the required information in the white boxes and sign and date the form to confirm consent/permission.

| **Candidate number** |  | **Candidate name** |  | **Candidate email** |  |
| --- | --- | --- | --- | --- | --- |
| **Awarding body &****Qualification** | **Exam code** | **Exam title** | **Service No.**  | **Fee** |
|  |  |  |  |  | **£** |
|  |  |  |  |  | **£** |

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| REVIEW OF MARKING:  Candidate consent statement and signature*I give my consent to the head of my examination centre to submit a clerical re-check or a review of marking for the examination(s) listed above. In giving consent I understand that the final subject grade and/or mark awarded to me following a clerical re-check or a review of marking, and any subsequent appeal, may be lower than, higher than, or the same as the result which was originally awarded for this subject.*By signing here, I confirm my consent above: ……………………………………..............…. Date: ................. | ACCESS TO SCRIPTS: Candidate consent statement and signature*I consent to my scripts being accessed by my centre.***Tick ONE of the permission statements*** *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.*

 By signing here, I confirm my consent/permission above: …………...........…………………………………. Date: .................... |
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