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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