

Candidate consent form for access to and use of examination scripts

AQA	A OCR	Pearson	WJEC
Centre number		Centre name	
41157		Our Lady & St Bede	
Candidate number		Candidate name	
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.