



POST RESULTS **REQUEST FORM** - SUMMER 2025



PUPIL'S NAME: _____

CANDIDATE NUMBER: _____

Please tick below which Post Results Service(s) you require:

<u>EXAM BOARD</u>	<u>SUBJECT</u>	<u>ENTRY CODE</u>	<u>PAPER NUMBER</u>	<u>PRIORITY COPY OF SCRIPT</u>	<u>NON-PRIORITY REVIEW OF MARKING</u>	<u>COPY OF REVIEWED SCRIPT</u>	<u>FEES</u> (Please bring the correct payment in cash or pay by cheque when you bring your Post Results Request Form).
							£
							£
							£

Total payment: £

Pupil's Signature: _____

Pupil's Telephone Number: _____

Pupil's Email Address: _____

Please bring this Request Form, Review of Marking Consent Form and the correct payment to Reception in an envelope for the attention of the Examinations Officer.

Thank you.