

ACCESS TO SCRIPTS

Candidate consent form for use of examination scripts

Centre No: 17707
Centre Name: Marriotts School

Candidate number: _____

Candidate name: _____

- If any of my scripts are used in the classroom I do not want anyone to know I wrote them. My name and candidate number must be removed.
- If any of my scripts are used in the classroom I do not mind if other people know I wrote the script.

Signed: _____

Awarding Body	Unit	Price	HOD's name & signature if Department will pay