

## Appendix B – Access to Scripts – Candidate consent form for access to and use of examination scripts



AQA    City & Guilds    CCEA    NCFE    OCR    Pearson    WJEC

### Access to Scripts

#### Candidate consent form for access to and use of examination scripts

Centre number	Centre name
Candidate number	Candidate name
Qualification level/subject	Component unit/code

☐ 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.**