Candidate consent form for access to and use of examination scripts

AQA OCR Pearson WJEC

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.