



The
Folkestone
School for Girls



Office use only:

Signature on form

Payment received

Date submitted

Date received

Date forwarded

ACCESS TO SCRIPTS - SUMMER 2018

Candidate consent form for access to and use of examination scripts

Centre Number: 61853	Centre Name: The Folkestone School For Girls
Candidate Number:	Candidate Name:
Subject: (Please complete a separate form for each subject.)	Component/unit code: (Ensure you specify which paper you are requesting as most subjects have multiple papers.)

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:

Please provide your contact details for the post-results period (up to mid-September) as we may need to contact you or send through PDF scripts

Email:

Telephone:

This form should be retained on the centre's files for at least six months.