

Bottisham Village College

Access to Scripts

Candidate consent form for access to and use of examination scripts

Candidate consent form

Candidate number		Candidate name		Candidate email	
Awarding Body	Qualification level and Subject title		Paper 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: