

ROUNDWOOD PARK SCHOOL

ACCESS TO SCRIPTS

Candidate consent form for access to and use of examination scripts

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| Centre number 17503 | ROUNDWOOD PARK SCHOOL |
| Candidate Number | Candidate Name |
| Subject | Component/unit code |

**I consent to my scripts being accessed by my centre.**

**I understand that if any of my scripts are used in the classroom my name and candidate number must be removed.**

Signed: ………………………………………………………………………………… Date: .........................................

If the form is returned electronically, please enter your name on the signature line to indicate your consent.

**This form should be retained on the centre’s files for at least six months**