

APPENDIX B



AQA City & Guilds CCEA Edexcel OCR SQA WJEC

ACCESS TO SCRIPTS

Candidate consent form for use of examination scripts

Centre Number	Centre Name
Candidate Number	Candidate Name

Tick ONE of the boxes below:

- If any of my scripts are used in the classroom I do not wish anyone to know it is 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 I wrote them.**

Signed: Date:

This form should be retained on the centre's files.