

Appendix B - Candidate consent form for access to and use of examination scripts

AQA

OCR

Pearson

WJEC

Please circle exam board above which applies.

Centre number 15169	Centre name WOOTTON UPPER SCHOOL
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.