



ACCESS TO SCRIPTS

Candidate consent form for use of Examination Scripts

Centre Number	39263	Centre Name	St Cuthbert's Catholic High
Candidate Surname		Candidate First name	
Candidate Number		Year Group	

I hereby grant permission for my script(s) from the following exams to be used by teachers at St Cuthbert's as examples when teaching and learning to others in the classroom. This permission is subject to my name and any means of identification being removed from the script(s). This permission extends to all exams sat by me in the academic year/the exams or exam papers listed below.

Awarding Board	Priority Copy of Script - A Level	Copy of Script	Qualification Level	Subject Title	Paper/Unit Code	Who pays, pupil, exams or Dept.

Declaration

Pupil/Student Signature		Date	
Authorised by:		Date	