



ACCESS TO SCRIPTS

Candidate consent form for access to and use of examination scripts

Centre Number 46813	Centre Name Up Holland High School
Candidate Number	Candidate Name
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.