

Access to Scripts – Student consent form for access to and use of examination scripts

Centre number	School name
Candidate number	Student 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 school's files for at least six months.

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