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

**TO BE USED WHE REQUESTING POST RESULTS SERVICE ATS1, ATS2 & ATSPE ONLY**

AQA City & Guilds CCEA OCR Pearson WJEC

OCR Pearson WJEC

**Access to Scripts**

**Candidate consent form for access to and use of examination scripts**

Centre Number

Centre Name

Candidate Number

Candidate Name

Qualification Level/Subject

Component/unit code

|  |  |  |
| --- | --- | --- |
| Centre Number (see below) | Centre Name |  |
|  |  |  |
| Candidate Name | Candidate Number |  |
|  |  |  |
| Subject (s) (list them all) | Component (which paper) | Category of review (ATS1, ATS2, ATSPE) |
|  |  |  |

* 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: .........................................

**PLEASE SIGN AND UPLOAD VIA MICROSOFT FORM** [**HERE**](https://forms.office.com/Pages/ResponsePage.aspx?id=NCpsXyRPWEi-z1oEaRAGls33wWTcc29Lp4Bh9VROeSVUODNCVFFUS0JVRjVQNUxIOElWQldBQ1lYVS4u) **ENSURING THE FILE NAME IS OF THE FORMAT:** CandidatefirstnameCandidate surname-candidate number- ATS consent

 (eg: JohnSmith-9999-ATS Consent)

**DUBAI COLLEGE CENTRE NUMBERS:** Edexcel **91535** AQA/OCR **74615**