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**Access to Scripts – June 2024**

**Candidate Consent Form**

**for access to examination scripts to use within school**

**Hardcopy to the Exams Office or email to: exams@sheldonschool.co.uk**

This form is designed to gain candidate consent to access scripts which may be used for teaching and learning purposes within school, rather than personal candidate post results enquiries.

Candidates should see the separate post-results service forms if they are considering an enquiry about a result. The forms can be found here:

<https://www.sheldonschool.co.uk/home/information/exam-information/>

**Please note exam board deadlines apply, normally mid-September.**

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| **Centre number:** 66613 | **Centre name:** Sheldon School |
| **Requested by faculty:** | **Teacher:**  |
| **Candidate number:** | **Candidate name:** |
| **Exam board, qualification level and subject:** | **Component unit/code:** |

**Please complete:**

|  |  |
| --- | --- |
| I consent to my scripts being accessed by my centre. | **Yes / No** |
| When available, I would like a copy. This can be emailed to: | **Yes / No** |
| **Email address (private email if student has left school):** |

**Tick one of the boxes below:**

|  |  |
| --- | --- |
| If 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 **or** | **Yes / No** |
| If my scripts are used in the classroom, I have no objection to other people knowing they are mine. | **Yes / No** |

**Candidate signature: …………………………………………………………. \* Date**: …………………………………………..

\*An electronic (typed) signature is acceptable, provided the form is emailed from their account.

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| **Exams Office date ordered:** | **Exams Office date received / distributed:** |

This form should be retained on the centre’s files for at least six months.