

## ACCESS TO SCRIPTS

| Name:                     | Candidate number: |
|---------------------------|-------------------|
|                           |                   |
| Candidate contact number: | Candidate Email:  |
|                           |                   |

## Please use one line per exam paper, not per subject.

| Awarding<br>Body | Subject | Exam paper title (& code if known) |
|------------------|---------|------------------------------------|
|                  |         |                                    |
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## Can parents authorise this request?

 No. This form must be signed by the candidate below. If the candidate is not able to sign a form and give permission, please contact the Exams Office to discuss the best action.

|  | For Exams Office use only:   |
|--|------------------------------|
| I give my consent to Nailsea School to request the above scripts | Script received on:          |
| Candidate Signature:   | Script issued to student on: |
|  |                              |
| Date:  | Outcome/follow up:           |
|  |                              |

## PLEASE RETURN THIS FORM TO THE EXAMS OFFICE