



Access to Scripts - Candidate Consent Form

Form – ATS1

TO BE COMPLETED BY THE EXAMS TEAM	Signed / Date
ATS No	
Actioned with Awarding Body	
Emailed student	

Information for candidates

Please indicate below whether this is a Priority Access to Scripts, with a view to potentially proceed with a review of marking request or it is just a standard request for copies of your scripts.

Your script will be sent to you electronically to the email address stated below you must also state whether you would like us to send your script to your teacher on your behalf.

Candidate consent form

Centre Number 16425	Centre Name CCHSG
Candidate Number	Candidate Name
Contact Telephone Number	Home Email Address
Script to be sent to Teacher / HoD? <input type="checkbox"/> Yes <input type="checkbox"/> No	Teacher / HoD Name

Details of ATS (Awarding Body, Qualification level, Subject title, component/unit)

Awarding Body	Qualification Level
Subject Title	Component / Unit
Service required - <input type="checkbox"/> Priority Access to Scripts <input type="checkbox"/> Standard Access to Scripts	

I give my consent to the Examinations Office to request access to my scripts for the examination(s) listed above.

Signed by Student: Date: