



FARLINGAYE HIGH SCHOOL

ACCESS TO SCRIPTS APPLICATION FORM

PLEASE COMPLETE THE FORM BELOW AND RETURN TO THE EXAMS OFFICE BY THE DEADLINE DATE TOGETHER WITH THE APPROPRIATE FEE.

CANDIDATE NAME:

CANDIDATE NO:

	Subject title	Exam board	Element code	Paper number	Non-priority	Priority
1						
2						
3						
4						
5						
6						

TOTAL no of scripts:

I hereby give my consent to the exams officer to access my scripts for the examinations listed above.

Signed: Date:

IMPORTANT: Scripts will be emailed to you, please write clearly your email address below:

Email address: _____

Contact number: _____

Candidate consent for use of examination scripts: (to be completed by students whose exam scripts have been requested by teaching staff)

Exam Season: Subject: Element code: Paper no(s).....

Tick ONE of the boxes below:

- If any of my scripts are used in the classroom I do not want anyone to know I wrote them. My name and candidate number must be removed.
- If any of my scripts are used in the classroom I do not mind if other people know I wrote the script.

For Office use only	Date received:	Logged:	Banked:
Application made to the awarding body:		Reference no:	
Script received:		Emailed to candidate:	