

Candidate Consent Form For Use of Examination Scripts

Centre Name:

Centre Number: Candidate Number:

Candidate Name:

I hereby grant permission for my script(s) from the following exams to be used by teachers at (name of centre) as examples when teaching other students. This permission is/is not* subject to my name and any means of identification being removed from the script(s). This permission extends to all exams sat by me in this academic year/the exams or exam papers listed below*.

(*Please delete as applicable.)

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Signed:

Date: