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FORM: E12AS **PRIORITY:** YES NO

DO NOT USE THIS FORM IF YOU ARE AWAITING A

UNIVERSITY PLACE

ACCESS TO SCRIPTS

Candidate consent form for use of examination scripts

Centre Number 37673	Centre Name Prince Henry's Grammar School
Candidate Name	Candidate Number

I wish to recall an original / photocopy * of my examination script(s) listed below from the examination board.

I hereby do / do not grant permission for my script(s) from the following examinations to be used by teachers at Prince Henry's Grammar School 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 examinations which I sat in this academic year / the exams or exam papers listed below*.

Photocopy Scripts: Please refer to your exam results which detail the deadline for photocopy script applications. There is a very short timeframe for these requests to be made.

Original Scripts: Where possible you will be provided with the original copy, though some examination boards only provide photocopies/PDF versions.

Exam Board	Unit / Paper	Price	
Where a script	is requested by th	ne candidate a fee is payable (details on revers	se of results slip).
Signed:		Date:	















^{*}Please delete as appropriate.