

**POST – RESULTS SERVICES
ACCESS TO SCRIPTS CONSENT FORM**

Centre Name:	Shoreham College	Centre Number:	65325
Candidate Name:		Candidate Number: (For office use)	
Subject:		Paper number: (For office use)	
Qualification Level:	GCSE	Awarding Body: (For office use)	

☐ I consent to my scripts being accessed by Shoreham College.

Tick ONE of the boxes below:

- ☐ If any of my scripts are used in the classroom, I do not wish anyone to know they are mine. My name and candidate number must be removed.
- ☐ If any of my scripts are used in the classroom, I have no objection to other people knowing they are mine.

Signed: Date:

Please complete and return this form by email to exams@shorehamcollege.co.uk or to the main office. Any applicable fee must be paid before the request will be submitted. Please contact the College on 01273 592681 or exams@shorehamcollege.co.uk for further details.