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Access to Scripts

Candidate consent form for access to and use of examination scripts

Please complete in BLOCK CAPITALS

|  |  |
| --- | --- |
| Centre number: 46452 | Centre Name: Lancaster University School of Mathematics |
| Candidate L number: |  |
| Candidate Name: | Candidate number: |
| Qualification Level and Subject: | Component unit/code |

I consent to my scripts being accessed by my centre for the following purposes (please tick which apply)

**PRIORITY COPY**

🗆 To help me decide whether or not to request a review of marking

(A copy of your script will be sent to your college email address and also to the Head of Department.)

AND/OR

**(TEACHING and LEARNING COPY)**

🗆 For my own revision/reference (your teacher will not receive a copy)

🗆 For college staff to use (not in class) for departmental training to help improve teaching (you will not receive a copy)

🗆 For college staff to use in class to help improve learning (Your work will be anonymised)

(you will not receive a copy)

Signed:……………………………………………………………………………..

Date: ……………………………………………………….