**Access to Scripts**

**Candidate consent form for access to and use of examination scripts**

| **Centre Number : 65219** | **Centre Name : Sackville school** |
| --- | --- |
| **Candidate Number:** | **Candidate name:** |
| **Qualification level/subject** | **Component unit/code / paper reference:** |

**☐ I consent to my scripts being accessed by my centre.**

**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: .....................................................**

**Students email address: …………………………………………………………………………………………………**

**Please share with/teachers email address:**

**…………………………………………………………………………………………………………………………**

**This form should be retained on the centre’s files for at least six months**

**Clerical re-checks, reviews of marking and appeals**

**Candidate consent form - Information for candidates**

**The following information explains what may happen following a clerical re-check, a review of marking** **and any subsequent appeal.**

**If your school or college submits a request for a clerical re-check or a review of the original marking ,and then a subsequent appeal for one of your examinations after your subject grade has been issued,** **there are three possible outcomes:**

**● Your original mark is lowered, so your final grade may be lower than the original grade you** **received.**

**● Your original mark is confirmed as correct, so there is no change to your grade.**

**● Your original mark is raised, so your final grade may be higher than the original grade you** **received.**

**To proceed with the clerical re-check or review of marking, you must sign the form below. This tells** **the head of your school or college that you have understood what the outcome might be, and that** **you give your consent to the clerical re-check or review of marking being submitted.**

**Tick one of the boxes below:**

**Clerical re-check ⬜                Priority review of marking     ⬜            Review of marking ⬜**

| **Centre Number : 65219** | **Centre name: Sackville School** |
| --- | --- |
| **Candidate Number:** | **Candidate name:** |
| **Exam Board:** | **Subject:** | **Paper Ref:** | **Fee:** |
|  |  |  |  |
|  |  |  |  |

**I give my consent to the head of my school or college to submit a clerical re-check or a review of** **marking for the examination(s) listed above. In giving consent I understand that the final subject** **grade and/or mark awarded to me following a clerical re-check or a review of marking, and any** **subsequent appeal, may be lower than, higher than, or the same as the result which was originally** **awarded for this subject.**

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

**Date:……………………………………………………………………………………………….**

**This form should be retained on the centre’s files for at least six months following the outcome of the clerical re-check, review of marking or any subsequent appeal.**