



St Robert of Newminster Catholic School and Sixth Form College



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Chair of Governors: Fr A. Cornforth

AQA

City & Guilds

CCEA

OCR

Pearson

WJEC



ACCESS TO SCRIPTS

Candidate consent form for access to and use of examination scripts

Student request

Department request

Centre Number: 39573	Centre Name: St Robert of Newminster RC School	
Candidate Number:	Candidate Name:	
Subject :	Exam Board	Component/unit code

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 it is 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 (student): _____

Date: _____

Student contact details:- _____

Office use

Date submitted: _____ Date script received: _____ Completion date: _____

This form should be retained on the centre's files for at least six months.

