**** Beaumont School

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Post-Results Service Candidate Consent Form – Autumn 2020 Series

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| Awarding Body | Subject | Unit Code | Service 1 | Service 1 (with copy of script) | Service 2 | Service 2 (with copy of script) | Access to Scripts | Fee (£) |
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| **TOTAL FEE (£)** |  |

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| --- | --- | --- | --- |
| **CENTRE NAME:** | BEAUMONT SCHOOL | **CENTRE NUMBER:** | 17511 |
| **CANDIDATE NAME:** |  | **CANDIDATE NUMBER:** |  |

*I hereby give my consent to the Examinations Manager to make an enquiry about a result / access my script of the examination(s) listed above. In giving my consent I understand that the final subject grade may be lower / higher than my original grade.*

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| *For office use only* | |
| Date Requested |  |
| Outcome Received |  |

Student’s signature: …………………………………………. Contact Tel No: ……………….................

Email: ………………………………………………………….. Date: ……………….................................