



Beaumont School
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Post-Results Service Candidate Consent Form – Autumn 2020 Series

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 (£)

CENTRE NAME:	BEAUMONT SCHOOL	CENTRE NUMBER:	17511
CANDIDATE NAME:		CANDIDATE NUMBER:	

TOTAL FEE (£)	
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*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.*

Student's signature: Contact Tel No:

Email: Date:

<i>For office use only</i>	
Date Requested	
Outcome Received	