**** Post-Results Service Candidate Consent Form – January 2024 Series

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Awarding Body | Subject | Paper | Unit Code | Service 1 | Service 1 (with copy of reviewed script) | Service 2 | Service 2 (with copy of reviewed script) | Access to ScriptsPRIORITY | Access to ScriptsTeaching & Learning | Fee (£) |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **TOTAL FEE (£)** |  |

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

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

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

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

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

Email: exams@beaumont.school