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

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| 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 Scripts  PRIORITY | Access to Scripts  Teaching & Learning | 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 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.*

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

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

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

Email: [exams@beaumont.school](mailto:exams@beaumont.school)