Post-Results Service Candidate Consent Form – Summer 2026 Series

Awarding Body	Subject	Paper	Unit Code	Service 1	Service 1 (with copy of reviewed script)	Service 2 PRIORITY	Service 2 PRIORITY (with copy of reviewed script)	Service 2	Service 2 (with copy of reviewed script)	Access to Scripts PRIORITY	Access to Scripts Teaching & Learning	Fee (£)

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

TOTAL FEE (£)	

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.

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

Email: …….. Date: …….....

For office use only	
Date Requested	
Outcome Received	

Email: exams@beaumont.school