

**Candidate Consent Form for Access to Online Scripts – Summer 2024**

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| **Centre Name**: | Wyggeston & Queen Elizabeth I College | | |
| **Centre Number**: | 25270 | **Candidate Number**: |  |
| **Candidate Name**: |  | | |

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| I hereby grant permission for my script(s) from the exams listed below to be accessed online at Wyggeston and Queen Elizabeth I College. |

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| **Awarding Body** | **Subject** | **Paper Reference** | **For Exams Use Only** |
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| **Student Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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