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Access to Scripts (ATS) - Candidate Consent Form – Summer 2026

Candidate Name:

Candidate Number:

Student Number:

Do you have your university place pending and wish to apply for priority access to script?

○ Yes
◉ No

☐ I consent to all my scripts being accessed by my centre (mention subjects below and 'All' in element column if you need all papers of that subject)

OR

☐ I consent to only these script(s) being accessed by my centre

Awarding Body	Subject	Element (stated on result slip)
Please Select		
Please Select		
Please Select		
Please Select		
Please Select		
Please Select		

Tick ONE of the boxes below:

☐ If any of my scripts are used in lessons, I wish my name and candidate number to be removed and keep them anonymous.

OR

☐ If any of my scripts are used in lessons, I have no objection to other people knowing they are mine.

Signed: …… Date: ……

Office Use only: Processed By: _____ Date: _____

Comments (Completed/Pending/Partially Completed): _____