Post-results services: enquiry, consent and payment form

To request a Review of Results (RoR) and/or Access to scripts (ATS) service, please complete the relevant section below and sign/date the form to confirm consent\*.

\*Please note that consent can only be given by the student.

| **Candidate number** |  | **Candidate name** |  |
| --- | --- | --- | --- |
| **Email address(please give the email address you would like the outcome sent to)** |  |

**1**

**Review of Results – complete this section to request a review of marking**

| **Awarding body &****Qualification Level** | **Exam code** | **Exam title** | **Priority?****(A Level only)**  | **Fee** |
| --- | --- | --- | --- | --- |
| **AQA** | **GCSE** | **8062MA** | **RP** |  | **£**  |
| **EXAMPLE ABOVE** |
|  |  |  |  |  | **£** |
|  |  |  |  |  | **£** |
|  |  |  |  |  | **£** |
|  |  |  |  |  | **£** |

|  |
| --- |
| Review of Results - Candidate consent statement and signature*I give my consent to the head of my examination centre to submit a clerical re-check or review of marking for the examination(s) listed above. In giving consent, I understand that the final subject grade and/or mark awarded to me following a clerical re-check or review of marking, and any subsequent appeal, may be lower than, higher than, or the same as the result which was originally awarded for this subject.* By signing here, I confirm my consent above: Signed (student): ...........……………………………………………………………………….……. Date: .............................................. |

**2**

**Access to Scripts – complete this section to request a copy of exam papers**

| **Awarding body &****Qualification Level** | **Exam code** | **Exam title** | **Fee** |
| --- | --- | --- | --- |
| **Edexcel** | GCSE | 1EN0 | English Language | **£** |
| **EXAMPLE ABOVE** |
|  |  |  |  | **£** |
|  |  |  |  | **£** |
|  |  |  |  | **£** |

|  |
| --- |
| Access To Scripts - Candidate consent statement and signature*I consent to my scripts being accessed by my centre and understand that any identifying features such as my name and candidate number will be hidden.*By signing here, I confirm my consent above: Signed (student): ...........……………………………………………………………………….……. Date: .............................................. |

|  |
| --- |
| ***For exams office use only*** |
| Total payment received  | **£** | Service(s) applied for |  |
| Outcome received |  | Candidate notified |  |