POST-RESULTS SERVICES: **Access to Scripts : REQUEST, CONSENT AND PAYMENT FORM**
Summer 2026 series

To request an **Access to Scripts (ATS) service**, complete the required information; sign and date the form to confirm the required and relevant consent.

Candidate number		Candidate name and email	**Name:** **Print**..... **Email:** **Print**.....

Access to Scripts - *Only*

Candidate consent

By signing here, I consent to my scripts being accessed by my centre:

Signature: ..... Date: .....

Services available: Circle the service you require – *separate form for each if necessary*

Post-results service	Details of the service
1. **ATS:** Copy of script to support **Review of marking**	This is a priority service to ensure copies of marked scripts are provided in sufficient time to allow decisions to be made whether a review of marking or clerical re-check should be requested.
2. **ATS**: Copy of script to support **Teaching and learning**	This is a non-priority service to request copies of marked scripts to support teaching and learning.

(Tick ONE of the boxes below)

☐ If any of my scripts are used in the classroom, I do not wish anyone to know they are mine. My name and candidate number must be removed

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

FOR EXAMS OFFICE USE ONLY

Total fee(s) received	£	Service(s) applied for		Outcome(s) received		Candidate notified		Outcome(s) complete	