**A picture containing drawing

Description automatically generatedPost Results – Summer 2022**

**Access to Scripts (student use) –**

**candidate consent form**

Please fill out the details below for access to and use of examination scripts.

Please also include your email address and mobile number so that we can contact you once we have received the scripts.

|  |  |
| --- | --- |
| Centre Number: 23168 | Centre Name: Hope Valley College |
| Candidate number: | Candidate Name: |
| Subject (more than one may be listed here): | Paper / unit title and code (more than one may be listed here): |

*I consent to my scripts being accessed by my centre, to help me before deciding whether to request a review of marking.*

**The fee of £ . . . . . . . . has been sent via bank transfer (details below)**

Signed (Student) ………………………………………………………..……………… Date: …………………..…..………

Email address ………………………………………………………………………………………………………………….……………..

Mobile number …………………………………………………..………….

**Bank Details**

Lloyds TSB

Account Name – Hope Valley College School Fund

Sort Code – 30-97-51

Account Number - 70541568