ASPIRE | BELIEVE | SUCCEED



ACCESS TO SCRIPTS - 2025

Name:	Candidate number:
Candidate contact number:	Candidate Email:

Please use one line per exam paper, not per subject.

Awarding Body	Subject	Exam paper title (& code if known)

Can parents authorise this request?

No. This form **must** be signed by the candidate below. If the candidate is not able to sign a form and give permission, please contact the Exams Office to discuss the best action.

I give my consent to Nailsea School to request the above scripts.	For Office Use Only
Candidate Signature:	Script received on:
Date:	Script issued to student on:
	Outcome / follow up:

PLEASE RETURN THIS FORM TO THE EXAMS OFFICE

Headteacher: Mrs D Elliott info@nailseaschool.com | www.nailseaschool.com Nailsea School | Mizzymead Road | Nailsea | BS48 2HN | 01275 852251





