

## Access to Scripts (ATS) Request Form

**Access to Scripts service (ATS)**

If you wish to put in for a review of marking and would like a copy of your script beforehand, you can request a copy of their scripts **before** deciding to put in a review for marking. If you are happy with your results and do not wish to carry out a review of marking you may request a copy of your script to be returned. **Please note, scripts may be used for teaching and learning purposes.**

**ATS Deadline: Thursday 26<sup>th</sup> September by 1pm**

Candidate Name: \_\_\_\_\_

Candidate Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Awarding Body (e.g. AQA)	Subject (e.g. English Language)	Paper No (e.g. Paper 1)	Fee Paid (Y/N)	<i>For office use only:</i>			
				Processed:	Received:	Issued to:	Date:

**I consent to my scripts being accessed by my centre.**

**Tick ONE of the permission statements**

- 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.*

Candidate Signature: \_\_\_\_\_

Date: \_\_\_\_\_