

POST - RESULTS SERVICE REQUEST AND CANDIDATE CONSENT FORM

In order to proceed with any post-results service request, you must complete and sign the form below. This confirms that you have understood what the outcome might be and that you give consent to the enquiry or appeal being made.

It is advisable that you obtain the Head of Department's signature for each subject request. This completed form and payment should be sent to Mrs Chrominski by the appropriate deadline.

REQUESTS RECEIVED AFTER THE DEADLINE WILL NOT BE PROCESSED

Please note. If the School makes an enquiry about the result of one of your examinations after your subject grade has been issued, there are three possible outcomes:

1. Your original mark is confirmed as correct and there is no change to your grade
2. Your original mark is raised so that your final grade may be higher than your original grade you received
3. Your original mark is lowered so that your final grade may be lower than the original grade you received

Name				Candidate Number			
Exam Board	Level	Subject	Paper/Module/Unit Codes	Enquiries about Results <i>Please Tick</i> ↓		Access to Scripts <i>Please Tick</i> ↓	
				Service 1: Clerical Re-check		Photocopied Script	
				Service 2: Review		Original Script	
				Priority Service 2: Review		Priority Script	
Signed (Head of Department)							
				Service 1: Clerical Re-check		Photocopied Script	
				Service 2: Review		Original Script	
				Priority Service 2: Review		Priority Script	
Signed (Head of Department)							
				Service 1: Clerical Re-check		Photocopied Script	
				Service 2: Review		Original Script	
				Priority Service 2: Review		Priority Script	
Signed (Head of Department)							
				Service 1: Clerical Re-check		Photocopied Script	
				Service 2: Review		Original Script	
				Priority Service 2: Review		Priority Script	
Signed (Head of Department)							

I give my consent for Mrs Chrominski to make an enquiry about the result of the examination(s) listed above and agree to pay the fees that may be incurred. In giving consent, I understand that the final subject grade awarded to me may be lower than or the same as the grade that was originally awarded for this subject.

If my Head of Department requests my script, I agree for teachers to use my script(s) for teaching purposes only.

Candidate Signature _____ **Date** _____

Candidates' email address _____