

## COPIES OF SCRIPTS FOR EDEXCEL SUBJECTS ONLY

Candidates must give their consent before scripts can be downloaded.

CANDIDATE DETAILS	
Candidate Number	Candidate Name

SCRIPTS TO BE REQUESTED	
Paper/Unit Code	Subject

Tick ONE of the boxes below:

☐

I do not want my scripts to be used in the classroom

☐

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

☐

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

Signed: .....Date: .....

School email address: .....