**Form to request Post Result Services**

**Service 1:** Copy of script (deadline 2 September); £15 fee per exam script (not per subject)

**Service 2:** Review of marking (deadline 23 September); £60 fee per exam script (not per subject).

**Service 3:** Review of marking and subsequent copy of script (deadline 23 September); £75 total fee per exam script (not per subject).

Failure to provide all the information requested below will result in a delay in the processing of the request which may lead to the deadline being missed and the request not being submitted. Please note that *Candidate number* and *Exam code* can be foundon your statements of results.

**Please remember to sign the form as an acknowledgement that you understand** **your mark can go down as well as up.**

|  |  |
| --- | --- |
| Candidate No. | Candidate Name: |
|  |  |
| Preferred e-mail address (for receiving outcomes / copies of scripts), if other than your EC address: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Exam Subject** | **Exam Board** | **Exam code** | **Which paper?** | **Service(s) required (1-3)** | **Fee** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | **Total fee**  | £ |

**I can confirm that I have made the relevant payment to:** Elizabeth College,Sort code 60 09 20 Account 67012833 Ref surname/exams

**For services 2&3:**

I give my consent to the Exams Manager to make an enquiry about the result of the examination(s) listed above. In giving consent I understand that the final subject grade awarded to me may be lower than, higher than, or the same as the grade which was originally awarded for this subject.

 **For services 1&3 (please tick the appropriate box):**

|  |  |
| --- | --- |
|  | I do not wish to allow subject teachers any access to my script(s). |
|  | I consent to subject teacher access only. |
|  | I consent to subject teacher access and anonymised use of the script(s) with students. |
|  | I consent to subject teacher access and use of script(s) with students in their original form.  |

**Name: …………………………………………………………….. Date: ………………………..**