Belfairs Academy - Post Results Services consent form

Student name	
Candidate number	
Student's email address	

The email address MUST be of the student requesting the service instead of a parent's email.
Please ensure the email address is correct and clear to read as this is where we will send the outcome.

When completing the below, please use one line per exam script, not per subject.

Awarding Body	**Subject**	**Exam paper title** (& code if known)	**Service requested** (Review of Marking, Access to Script etc)	**Fee** (per paper)
				£
				£
				£
				£
				£
				£
			Total cost	**£**

I give my consent and authorise Belfairs Academy to submit a clerical re-check or a review of marking for the examinations listed above. I understand that the final subject grade and/or mark awarded to me following a clerical re-check or review of marking, and any subsequent appeal may be lower, higher or the same as the result which was originally awarded.

In addition, I agree to pay the above fees for my chosen Post Result Services by the deadline date provided.

If requesting or allowing a request for scripts, please tick one of the below:

☐ I consent to Belfairs Academy requesting a copy of my script but would like my name removed if it will be used within the classroom.

☐ I consent to Belfairs Academy requesting a copy of my script and I do not object to my name remaining on the script and it being used within the classroom.

Signature of candidate _____ Date _____

Please send the completed consent form to examsoffice@belfairsacademy.org.uk
The completed form MUST be sent from the student's own email address and not from a parent's email address.