

Access To Scripts Consent Form (Teaching & Learning C25)



This form must be completed by candidates to provide their authorisation to Stratford upon Avon School teaching staff who want to access their scripts for teaching and learning purposes.

Student Details

Surname	
First Name	
Candidate Number	
Email	

Please complete the sections below with details of the scripts teaching staff can access.

Qualification Details

Level	Subject	Qualification Code	Unit / Component Code	Teacher Name

Student Declaration

I consent to my scripts being accessed by my centre, Stratford upon Avon School. 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.

**Student
Signature**

Date

Date ATS permission received.		ATS performed by - staff initials.	
Date Script provided to Staff		Spreadsheet updated	