

POST RESULTS SERVICE APPLICATION

Please fill in all sections of this form in BLOCK CAPITALS

PERSONAL DETAILS

Forename: _____ Surname: _____ Candidate No.: _____

Year: _____ Form: _____ Mobile No: _____ E-Mail: _____
(Some exam boards send electronic copies of scripts)

BOARD	EXAM TITLE	Unit Code	AS/A or GCSE	SERVICE NUMBER	COST
Total Cost					

SERVICE NUMBERS

- 1.** Clerical check
- 1C.** Clerical check with copied script
- 2P.** Priority review of marking
- 2.** Review of marking
- 2C.** Review of marking with copied script
- ATSP.** Return of copied script
- ATSO.** Return of original script

I wish to request the service indicated above. In relation to a clerical check or a review of marking, I give my consent to the Examinations Officer to make an enquiry about the result on my behalf and in doing so 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. I have also given consent on a separate form.

Signed: _____ (Candidate) Date: _____

Instructions:

Take the completed form and appropriate fee to the Exams Office in the Hydro Building before the deadline. Payment may be made in cash or by cheque payable to Queen Elizabeth High School with your name and tutor group on the back.

For Office use:		Unique Reference Number:	
Payment received:	Cheque no/Cash:	Date:	
Date service applied for:		Date response received in exams:	
Date issued:		Received by:	