## POST RESULTS SERVICE APPLICATION

Please fill in all sections of this form in BLOCK CAPITALS

copied script  2P. Priority review of marking  2. Review of marking  2C. Review of marking with copied script	Student	Details:							
BOARD EXAM TITLE Unit GCE or SERVICE NUMBER COST  1. Clerical check with copied script 2P. Priority review of marking 2. Review of marking with copied script ATSC. Return of copied script ATSO. Return of original script or original script as the grade which was originally awarded for this subject. I have also given consent on a separate form.    SERVICE NUMBERS	Forename: Surna		Surname:	me: Candidate No.:					
1. Clerical check   1. Clerical check with copied script   2P. Priority review of marking   2P. Priority review of marking   2P. Review of marking	Year:	Form:	Mobile No: _			_ E-Mail: (Some	e exam boards se	end electronic copies of scripts)	
BOARD EXAM TITLE  Unit Code  GCSE  NUMBER  COST  NUMBER  COST  1C. Clerical check with copied script  2P. Priority review of marking  2. Review of marking  2C. Review of marking  Total Cost  Total Cost  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 HLT — QEHS with your name and tutor group on the back.  For Office use:  Unique Reference Number:								<u> </u>	
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Date response received in exams:

Received by:

Date service applied for:

Date issued: