

POST RESULTS SERVICE APPLICATION

Please fill in all sections of this form in BLOCK CAPITALS

Student Details:

Forename: _____ Surname: _____ Candidate No.: _____

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

BOARD	EXAM TITLE	Unit Code	GCE 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
- ATSC.** 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 HLT – QEHS 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:	