

POST RESULTS SERVICE APPLICATION

Access to Scripts only

Please fill in all sections of this form in BLOCK CAPITALS.

PERSONAL DETAILS:

Forename: _____ Surname: _____ Candidate No.: _____

Year: _____ Mobile No: _____ E-Mail: _____

BOARD	EXAM TITLE	UNIT CODE	A'LEVEL / GCSE	SERVICE NUMBER	COST

SERVICE NUMBERS

ATSO: Access to original script

ATSP: Access to photocopy of script

ATS: Post review of marking photocopy

I wish to request the service indicated above.

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 Hadrian Learning Trust with your name, tutor group & candidate number on the back.

For Office use:		Unique Reference Number:	
Payment received:	Cheque/Cash:	Date:	
Date service applied for:		Date response received in exams:	
Date issued:		Received by:	