## POST RESULTS SERVICE APPLICATION

## Access to Scripts only

Please fill in  $\underline{all}$  sections of this form in BLOCK CAPITALS.

Date issued:

PERSONAL	DETAILS:				
Forename:		Surname:			Candidate No.:
Year: 2025	Mobile No:	_	_ E-Mail:		
BOARD	EXAM SUBJ	ЕСТ	UNIT A	A'LEVEL / GCSE	COST
					£5 admin fee
					£5 admin fee
					£5 admin fee
					£5 admin fee
				Total =	
I give permission for my exam scripts to be shared with(please add subject teacher's name)					
Signed: (Candidate) Date:					
Instructions: Take the completed form to the Exams Office in the Hydro building <b>before</b> the deadline (please see post-results services sheet). Please make cheques payable to Hadrian Learning Trust.					
For Office us	e:	Unique Refere	nce Number:	:	
Payment rece	ived:	Cheque/Cash:	:		Date:
Date service applied for:		Date response received in e			d in exams:

Received by: