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: Surnam					Candidate No.:
Year: 2025	Mobile No:		E-Mail: _		
BOARD	EXAM SUBJ	ECT	UNIT CODE	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 before the deadline (please see post-results services sheet). If Paying by cheque please make cheques payable to Hadrian Learning Trust.					
For Office us	e:	Unique Refere	ence Numbe	r:	
Payment received: Card/Cheque		/Cash:		Date:	
Date service a		Date response received in exams:			

Received by: