**Deadlines – forms received after the deadlines listed below will not be processed**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Service** | **Deadline** | **AQA Fee** | **OCR Fee** | **Pearson Fee** | **WJEC/Eduqas Fee** |
| **Copy of script to support Review of Marking** | **12 NOON****5th September 2025** | Free | Free | Free | Free |
| **Copy of script to support teaching and learning** | **12 NOON****24th September 2025** | Free | Free | Free | Free |

To request an Access to Scripts (ATS) service, complete the required information in the white boxes below and sign and date the form to confirm your required consent.

|  |  |  |  |
| --- | --- | --- | --- |
| **Candidate Number** |  | **Candidate Name** |  |
| **Candidate Email Address (please write clearly)** |  |
| **Awarding Body****(e.g. AQA)** | **Qualification level and Subject title****(e.g. GCSE English Language)** | **Paper Code****(e.g. 8700/1)** | **Fee** |
|  |  |  | £ |
|  |  |  | £ |
|  |  |  | £ |
|  |  |  | £ |
|  |  |  | £ |
|  |  |  | £ |
|  |  |  | £ |

**Candidate consent**

By signing here, I consent to my scripts being accessed by Fulford School (Tick ONE of the boxes below)

[ ]  If any of my scripts are used in the classroom, I do not wish anyone to know they are mine. My name and candidate number must be removed.

[ ]  If any of my scripts are used in the classroom, I have no objection to other people knowing they are mine.

Candidate Signature ………………………………………………………… Date …………………………………………

All completed forms should be returned to postresults@fulford.york.sch.uk or handed in at the school reception.

**FOR EXAMS OFFICE USE ONLY**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Total fee received** | **£** | **Service applied for** |  | **Outcome received** |  | **Candidate notified** |  | **Outcome complete** |  |