

Sixth Forms in Partnership

Form to request Post Result Services (Enquiries about Results and Access to Scripts)

Please remember that forms must be submitted to the College at which you were entered and sat the component(s) you are requesting services for. Use separate forms if you require services for multiple units that were not all sat at the same College. **Priority Service 1 may only be used if you have missed out on your university place as a result of your grade(s).**

Completed forms should be submitted, with a cheque for the appropriate sum, in an envelope clearly marked for the attention of Mrs Duguid (The Ladies' College) or Mr Cousens (Elizabeth College). If they are not available personally to receive the forms, they should be left in a box which will be located outside Reception at The Ladies' College or posted through the letterbox / left on the ledge of Reception at Elizabeth College and an e-mail sent to Mrs Duguid sduguid@ladiescollege.ac.gg or Mr Cousens gcousens@elizabethcollege.gg to confirm a form has been submitted.

Failure to provide all the information requested below will result in a delay in the processing of the request which may lead to the deadline being missed and the request not being submitted. Please note that *Candidate number* (which may be different at each centre) and *Exam code* can be found on your statement of results.

Candidate No.	Candidate Name:
Centre (EC <u>or</u> LC)	Preferred e-mail address (for receiving outcomes / copies of scripts) :

Specific exam paper name & number (<u>not</u> just the subject)	Exam Board	Exam code	Service(s) required (1-6)	Fee
Total fee (cheque to be enclosed with form, payable to The Ladies'/Elizabeth College)				£

For services 1-3:

I give my consent to the head of my examination centre to make an enquiry about the result of the examination(s) listed above. In giving consent 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.

For services 4-6 (please tick the appropriate box):

- I do not wish to allow subject teachers any access to my script(s).
- I consent to subject teacher access only.
- I consent to subject teacher access and anonymised use of the script(s) with students.
- I consent to subject teacher access and use of script(s) with students in their original form.

Signed: **Date:**