**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).***

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Specific exam paper name and number**  **(not just the subject)** | **Exam Board** | **Exam code** | **Service(s) required (1-6)** | **Fee** |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total fee** | | | | £ |

**Please tick the payment option you have chosen.**

Bank transfer to be sent to:

* **The Ladies’ College:** Sort code 60 09 20 Account no 06017614 Ref surname/exams
* **Elizabeth College:** Sort code 60 09 20 Account 67012833 Ref surname/exams

**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 and 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: ………………………..**