A black text on a white background

Description automatically generated

**Post- Results Services Request and Candidate Consent form**

**Fees to be made by bank transfer:**

**Bank: Sort Code:** **Account Number**:

**Account Name:** **Reference**: Surname / Exam fees

This form must be completed and signed by the candidate. Please ensure the form is returned to the examination office in good time and payment has been made via bank transfer (see reverse for details). Only once both payment and this form are received will an application be processed.

Please note that if an enquiry about the result is made (i.e. a remark), there are three possible outcomes:

* The original mark is confirmed as correct and there is no change to the awarded grade
* The original mark is raised, so your final grade may be higher than the original grade
* The original mark is lowered, so your grade may be lowered than the original grade

|  |  |  |
| --- | --- | --- |
| Name: |  | Candidate Number: |
| Email: | Phone no. | |
| Awarding Body: | Subject: | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Required for reviews only** | | | | |  |  |
| Please complete all information below for all requests | Previous | | | New | |  |
| Unit Component | Unit Mark | Unit Grade | Award Grade | Unit Mark | Unit Grade | Award Grade | Fee |
|  |  |  |  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Enquiries about Results (EARs) Please tick** | | | | | | | |  | |
| Clerical Check |  |  | Review of marking  - Priority | | |  | Review of marking – non priority |  | |
|  | |  | | | | | |  | |
|  | | **Access to Scripts (ATS) (please tick** | | | | | |  | |
| Service 1- priority | |  | |  | Service 2- non priority | | |  |  |
|  | |  | | | | | |  | |
| Signed: | |  | | | | Date: | |  | |
|  | |  | | | | | |  | |
| Office use only | |  | | | |  | |  | |
| Payment received: (date)  Service requested: (date)  Result received: (date) | |  | | | |  | |  | |