

# POST RESULTS SERVICE - SCRIPT REQUESTS

St George's School  
National Centre Number: 17505

# SUMMER '24

## GCE A LEVEL

CANDIDATE NAME \_\_\_\_\_ CANDIDATE NUMBER \_ \_ \_ \_ \_

For the following examinations:

| BOARD      | TITLE | SUBJECT CODE** | SERVICE (See below) | COST | For admin. Use                    |                 |
|------------|-------|----------------|---------------------|------|-----------------------------------|-----------------|
|            |       |                |                     |      | Submitted                         | Script received |
|            |       |                |                     |      |                                   |                 |
|            |       |                |                     |      |                                   |                 |
|            |       |                |                     |      |                                   |                 |
|            |       |                |                     |      |                                   |                 |
|            |       |                |                     |      |                                   |                 |
|            |       |                |                     |      |                                   |                 |
| Total cost |       |                |                     |      | Card/BACS*<br>* Please circle one |                 |

**Please add /1, /2 or /3 to indicate paper required**

Services available. Priority copy script. Usually arrives within 24 hours.

I give my consent to the Centre obtaining the above script(s). I understand that a copy of each script requested will be provided to the department(s) concerned. I give my permission for scripts to be used for departmental development work or when teaching other students, subject to my name and any means of identification being removed.

Signed \_\_\_\_\_ Date \_\_\_\_\_

|                    |  |
|--------------------|--|
| Contact mobile no. |  |
|--------------------|--|

**Scripts will be sent to the student's school e-mail address ONLY**

**THIS FORM MUST BE RETURNED BY THE 20th OF SEPTEMBER**