

## Exam Scripts Opt Out Form: 2017

Dear Examinations Officer at Blenheim High school,

I **do not** give consent for my exam scripts to be accessed by Blenheim High School. Please ensure that my exam scripts are not used for teaching and learning.

Centre Number	
Centre Name	
Candidate Number	
Candidate Name	
Qualification Level (GCSE, GCE)	

Signed..... Date.....