



Blenheim

EXAM SCRIPTS OPT OUT FORM: 2019

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 | 64659 |
| Centre Name | Blenheim High School |
| Candidate Number | |
| Candidate Name | |
| Qualification Level (GCSE, GCE) | |

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