Post Results Services Summer 2023

**Generic Centre Request Form**

Please sign below to give your teachers permission to obtain copies of your exam papers for teaching and learning purposes and to check your marks have been awarded correctly.

**Copies of Scripts Consent**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete this next section to authorise your teachers to request a review of marking on your behalf, should they believe it is in your best interest to do so. This will generally be done where you are 1, or 2 marks below a grade boundary to go up a grade.

Please be aware that your mark can go up, or down, or remain the same. By signing this form, you are confirming that you understand the implication that your mark may be changed irrevocably.

**Generic Review of Marking Consent**

|  |  |  |
| --- | --- | --- |
| **Student Name:** | **Candidate Number:** | **All Subjects** |
| **Signed by Student:**   **Date:** | | |
| **Email Address:** | | |

NSG will inform you of the result of the review once it is available.

If you are not sure if a review request has been made on your behalf, please contact [jneal@nsg.northants.sch.uk](mailto:jneal@nsg.northants.sch.uk) to check before the deadline dates given overleaf.

If you as an individual wish to request any post results services then please complete the above and the reverse of this form and hand it into the Exams Office by the deadline date and make the correct fee through the Parentpay shop on the NSG website.

Post Results Services Summer 2023 GCSE

**Candidate/Teacher Request Form**

If you wish to request a clerical check, copies of scripts or a review of marking, or the priority services for these then please note that the fees given below are payable by the deadlines given below and must be associated with this form with the next section completed. If the school have agreed to meet the cost then this form must be signed by the Department Head for that subject or a member of SLT.

|  |  |  |
| --- | --- | --- |
| **Student Name:** | | |
| **Board:** | **Subject:** | **Code or Paper Number:** |
| Current Overall Grade / Overall Score:  / | Current Unit Grade / Unit Score:  / | Teachers Name: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Service Required (tick)** | **Clerical Check** | **Priority Mark Review** | **Mark Review** | **Moderation Review** | **Priority Access to Script** | **Post Review Access to Script** |
| **Cost £** | £11 | N/A | £41 | £263 | N/A | £14 |
| **Deadlines** | 21.09.2023 |  | 21.09.2023 | 21.09.2023 |  | 21.09.2023 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Student Paying:** | | | **Department Paying:** | | **Consent (Subject AP /SLT):** | |
| *Please tick* | Total Cost £ | Date Paid: | *Please tick* | Department | Signature: | Date: |
|  |  |  |  |  |  |  |

**Thank You**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Exams Team Use Only**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Received Exams Date: | Student Notified of Remark Date: | Script Received Date: | Script to Team / Student Date: | Outcome Received Date: | Outcome Advised Date: | |  |  |  |  |  |  | |  |