

**ACCESS TO SCRIPTS**

Request for Scripts for:

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

Candidate Number: \_\_\_\_\_

Season: \_\_\_\_\_

Return Script to: \_\_\_\_\_

SUBJECT/UNIT	Original to support teaching & learning	Copy of Script to support review of marking

I do/do not give\* permission for my scripts to be requested by teachers at Carr Hill High School to use as examples when teaching other students. This permission is/is not \* subject to my name and any means of identification being removed from the script(s).

(\*please delete as applicable)

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

Date: \_\_\_\_\_