## **Access to Scripts (ATS) Request Form**

Non-Priority	enquiry about results.  y ATS Deadline: Thursday 2 be used for teaching and lea		o <b>y 1pm</b> Requesting	g a non-prio	rity script will make yo	u ineligible for th	ne review services. Pleas	e note non-prior
Candidate Name:  Email Address:					Tutor Grp:	Candidate Number:		
					Telephone Number:		<u> </u>	· · · · · · · · · · · · · · · · · · ·
Awarding	<b>Subject</b> (e.g. English Language)	Paper No (e.g. Paper 1)	Priority or Non-Priority?	Fee Paid (Y/N)	For office use only:			
Body (e.g. AQA)					Processed:	Received:	Issued to:	Date:
Tick O	ent to my scripts being acount to my scripts being acount to my scripts are understands of my scripts are understands.	tements used in the class	room I do not wi	•	•	•		st be removed.