

**Form PS2 OCR PRIORITY COPY OF EXAMINATION SCRIPT GCSE**

NAME: .....	CANDIDATE No: .....
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Board	Syllabus /Unit Name	Syllabus No/Unit Code	Cost

Total Cost: £ .....

**Fees:**

OCR: £12.00

This form must be accompanied by payment (see below) and **must be returned** to the Exams Office by **Wednesday 29<sup>th</sup> August 2018.**

Cash, cheque made payable to **St Albans School**, or BACs payment  
Account Name: St Albans School      Sort Code: 20-74-09      Account: 10782181  
Please add a reference to exams and the student name as the reference eg: EXAMS A.Brown  
For BACs payments, requests **will not** be processed until payment has cleared

**IMPORTANT: Please provide your email address so that we can contact you when your script arrives.**

**Student's email address:** .....

Signature: .....	Date: .....
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