

Script Request Form

This form must be returned to The London Institute of Banking & Finance with the relevant payment details no later than four weeks after the results are released. Forms received after this deadline will not be processed.

All scripts will be annotated and a charge of £12 per script will be invoiced to your centre. Script requests will be processed and emailed to the centre's Examination Officer within 10 working days. Please return form to: **fcexams@libf.ac.uk**

SECTION 1 – CENTRE DETAILS

Centre name _____ Centre number _____
Examinations officer name _____ Contact number _____

SECTION 2 – STUDENT AND QUALIFICATION DETAILS

If you have more than one student requesting a script with the same permissions, then please complete one form and list all students below.

Student name _____ Student LIBF number _____
Student name _____ Student LIBF number _____
Student name _____ Student LIBF number _____
Student name _____ Student LIBF number _____
Student name _____ Student LIBF number _____

Qualification _____
Unit _____ Exam session number _____ Exam date _____

SECTION 3 – PERMISSIONS (PLEASE ✓)

1. I have received permission to request that the student's script be returned to the centre.
2. I have received permission to use the student's script for teaching purposes.

Exams officer signature _____ Print name _____

SECTION 4 - PAYMENT DETAILS

Please tick one payment option:

- I enclose a cheque for the total amount payable
- I would like the centre to be invoiced for the total amount payable (requires an Examination Officer signature)
- _____
- I authorise The London Institute of Banking & Finance to debit my Visa / MasterCard / Switch Card for the total amount payable (£12 per Script Request)

Card number _____ Name on card _____
Expiry date ____/____/____ Valid from ____/____/____ Issue number _____ (if applicable) Security number*** _____

Cardholder signature _____ Date _____

Address and postcode of cardholder:

***This is the last 3 digits found on the signature strip on the reverse of your card.

SECTION 5 – YOUR PERSONAL DATA

We will use and protect your personal data in accordance with current data protection legislation to evaluate your claim. Further details, including your rights, the disclosure of data to third parties, storage, retention and how to amend your personal data, can be found within our **Privacy Notice** (www.libf.ac.uk/privacy)

SECTION 6 – DECLARATION

- I declare that the information contained in this form is true and accurate, consent to the processing and use of personal data as outlined in the Privacy Notice and accept our terms and conditions.
- I understand that the outcome of this result enquiry is final, and may lead to an increase or decrease in total marks awarded.

Examinations officer signature _____ Date _____

Please note that all unsigned forms will be returned and will result in a delay in the processing of your enquiry