

FORM E

**REQUEST FOR ACCESS TO A COPY OF AN EXAMINATION SCRIPT
IN RESPECT OF SECTION 18 (1) OF THE
PROMOTION OF ACCESS TO INFORMATION ACT, ACT NO 2 OF 2000
(Regulation 6)**

PLEASE NOTE:

Requests for a copy of an examination script will only be processed if this form has been completed in full and signed by the relevant requester.

A. PARTICULARS OF STUDENT REQUESTING ACCESS TO A COPY OF AN EXAMINATION SCRIPT

Full names and surname of student			
Registration No		ID No	
Postal address			
Postal Code		Fax No	
Tel No		Cell No	
Email			

Please indicate below how you would like to receive the copy of your examination script. Photocopies of examination scripts are mailed via registered mail. Due to poor quality, copies are not faxed.

Email

☐

Post

☐

B. PARTICULARS OF EXAMINATION SCRIPT AND REASON FOR REQUEST

Paper Code	
Examination Year/Session	
Reason for requesting information	

C. FEES

The fee payable for access is R50.00 per application of the examination script.

D. FORM OF ACCESS TO SCRIPT

If you are prevented by a disability to read or view the copy of the examination script state your disability and indicate in which form the copy of your examination script is required.

Disability	
Alternative form required	

E. DECLARATION

I hereby declare that I am the requester of the examination script and that the information as supplied is true and correct.

Signed at _____ this _____ day of _____ 20_____.

SIGNATURE OF REQUESTER

RELATIONSHIP TO STUDENT