

**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**

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

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**

<b>Paper Code</b>	
<b>Examination Year/Session</b>	
<b>Reason for requesting information</b>	

**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.

<b>Disability</b>	
<b>Alternative form required</b>	

**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**