

GRADE 12 PROVINCIAL EXAMINATIONS REVIEW REQUEST FORM

SECTION A: Must be completed by the Principal (please print clearly)

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Note 1: The Student's Personal Education Number is essential for this request to be processed.	
Note 2: Students who wish to review their exam responses as a means of informing their reread decisions must ensure the review request is submitted two weeks in advance of the reread deadline for the request to be processed.	
Student Name:	School Name:
Personal Education Number (PEN):	Ministry School Code:
Examinations to be reviewed:	
Subject	Exam Session – Year/Month
I am aware that student examination results are protected under the Freedom of Information and Protection of Privacy Act and that I am making this request on behalf of a student in my school. I agree to review these results with the student in a secure setting and dispose of all materials (examination, student exam results and related material).	
Principal's Name (please print):	Principal's email address:
Principal's Signature:	Date:
SECTION B: Must be completed by the Student	
I am aware that student examination results are protected under the Freedom of Information and Protection of Privacy Act. I give my principal permission to request a copy of my exam responses on my behalf so that I may review them. I agree that for security purposes, I must review my exam responses with my principal or teacher and that I cannot retain a copy of my exam results.	
Student's Signature:	Date:
Fax the completed form to: Coordinator of Exam Reviews, Measurement, Evaluation and International Languages Department	
Facsimile: (250) 953-0460	Telephone: (250) 356-1320