

## DGSA Script Check Request Form

Please complete the following sections

**Subject(s) to be checked**

**Examination Date**

**Exam Location**

**Full Name**

**Address Line 1**

**Address Line 2**

**Town/City**

**Postcode**

**Date of Birth**

**Candidate Number**

**Telephone Number**

SQA will use the information you have provided to undertake a script check. Further detail about how SQA uses your information is available in our Privacy Statement <https://www.sqa.org.uk/sqa/45397.html>

**Signed**

**Date**

Use dd/mm/yyyy format

### **Fees and Payment**

Please telephone SQA on 0345 270 0123 if you wish to pay by Debit/Credit Card  
(Please note that we only accept Visa, Mastercard, Visa Debit and Maestro)

Email address to return receipt to

**Please return this completed form to:**

**DGSA Section  
Scottish Qualifications Authority  
The Optima Building  
58 Robertson Street  
Glasgow G2 8DQ**

**OR email to [dgsa@sqa.org.uk](mailto:dgsa@sqa.org.uk)**