TRANSCRIPTION COVER SHEET

Candidate Number		
Transcriber's Name (Print in Capitals)		
Examination Date		
Examination Paper Reference Number		
Time transcription started		
Time transcription completed		
Comments		
Please use this box to outline any problems experienced during the transcription that you consider should be drawn to the attention of the examiner.		
Declaration The attached script was prepared by a transcriber with the candidate, in accordance with the guidelines provided by the University of York's Examinations Office for candidates with special assessment needs.		
Name: Signa (<i>Transcriber</i>)	ture:Da	te: / /
Signature:Date:/_(Candidate)	/	