



DATA SUBJECT CONSENT WITHDRAWAL (FORM)

First name(s)	
Surname	

I confirm that I would like to withdraw my consent to process my personal data from third party processors which was previously granted.

I expect processing will be stopped as soon as possible, however there maybe a short delay while the withdrawal is processed by all parties.

I understand that a school has the need of lawfulness processing of data which this withdrawal does not affect.

Name

Signature:

Date:

