withdrawal consent form

ADULT

Date of issue: 05/12/2023

Please complete and deliver this form to the school office with your signature.

Please note that we may have contractual, statutory and/or regulatory reasons why we will still process and hold details of a student, parent, staff member, volunteer or other person.

**Withdrawal of consent for an individual:**

I [Name], withdraw consent for [name of school] to process my personal data.

I withdraw consent to process my personal data for the purpose of [please state] which was previously granted.

Signed:

Date:

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Date received by the school:

Staff member receiving:

Action taken:

Completion date: