DATA PROCESSING
PARENTAL CONSENT WITHDRAWAL FORM

Child name	
Parent or legal guardian name	

I confirm that I would like to withdraw my consent to process the personal data relating to the above child from the following third party processor(s).

Name of third party processor(s) _____

I expect processing will be stopped as soon as possible, however there may be 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.

Signature: ……

Date: ……