withdrawal conSent form

student

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.

Where two parents share parental responsibility, or where parental responsibility is shared, and the student is capable of expressing a view, and there is conflict between the individuals, the process of withdrawing consent will be subject to an evaluation and discussion to enable a decision to be reached that is considered to be in the student’s best interests.

We may need to seek identification evidence and have sight of any Court Order or Parental Responsibility Agreement in some cases to action this request. If this is the case a senior member of staff will discuss this with you.

**Withdrawal of consent on behalf of a student:**

I [Name], withdraw consent in respect of [student name] 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.

I confirm that I am the [Parent or Carer] and that I have parental responsibility for the student.

Signed:

Date:

 ---------------------------------------------------------------------------------------------------------------------------------------------------------------

Date received by the school:

Staff member receiving:

Action taken:

Completion date: