

Consent Withdrawal Form - on behalf of Pupil

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

Please note that as a Trust and school we may have contractual, statutory and/or regulatory reasons why we will still process and hold details of a pupil, parent, staff member, volunteer or other person and would therefore unable to grant this request. We will contact you if this is the case.

Where two parents share parental responsibility, or where parental responsibility is shared and the pupil 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 pupil'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 school staff will discuss this with you.

Withdrawal of consent on behalf of a pupil

I,, withdraw consent in respect of		
	(Pupil Name) for	-
to process my personal data. I with	draw consent to process their persor	nal data for the purpose of
	, which was previously granted.	
I confirm that I amparental / legal responsibility for th	(Pa ne pupil.	rent/Carer) and that I have
Signed:		
Date:		
Received by school		
School staff member:		
Dated:		
Actions:		