Withdrawal of consent:

Adult

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

Please note that as a 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.

**Withdrawal of consent for an individual**

I, …………………………………………, withdraw consent for…………………. (SCHOOL) to process my personal data.

I withdraw consent to process their personal data for the purpose of ……………………………………… which was previously granted.

Signed:

Date:

Received by school staff member:

Dated:

Actions:

Please return this form to [GDPR@ashfield.ttct.co.uk](mailto:GDPR@ashfield.ttct.co.uk)