

**Consent Withdrawal Form - 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.

Where two parents share parental responsibility, or where PR 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.

Withdrawal of consent for an individual

I, ……………………………………………………........................ , withdraw consent for William Rhodes Primary & Nursery School to process my personal data. I withdraw consent to process my personal data for the purpose of

………………………………………………………………………………………………… , which was previously granted. Signed:

Date:

Received by school School Staff Member:

Dated:

Actions: