



Countesthorpe Leysland Community College

Consent Withdrawal Form – on behalf of Pupil

Please complete and deliver this form to the College Office with your signature.

Please note that as a College 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 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 Countesthorpe Leysland Community College to process my personal data. I also withdraw consent for the College to process _____ (Pupil Name) personal data for the purpose of _____ which was previously granted.
I confirm that I am _____ (Parent/Carer) and that I have parental responsibility for the pupil.

Signed:

Date:

Received by College staff.

Name:

Date:

Actions: