

**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.

Withdrawal of consent for an individual

I, ..... , withdraw consent for ..... Brooke Hill Academy Trust 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: