## Castle Donington College Withdrawal of Consent Form (Pupil)

Please complete and deliver this form to the College Office.

**Actions** 

Please note that 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 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.

I withdraw o	consent in respect of
Pupil Name	
Year Group	
for Castle Donington College to process their po	ersonal data.
I withdraw consent to process their personal da	ata for the purpose of, which was previously granted.
I confirm that I amhave parental responsibility for the pupil.	(Parent/Carer) and that I
Signed	
Date	
Received by Castle Donington College	
Date	Member of Staff