

**Appendix 2b**

**Saint Robert Lawrence Catholic Academy Trust  
Withdrawal of Consent Form – Adult**

Please complete and sign this form and deliver to the academy office.

Please note that as a Trust 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.

**I withdraw consent for the Trust to process the personal data described below for which consent was previously granted.**

<b>Name of person withdrawing consent</b>	
<b>A description of the personal data that this withdrawal concerns for which consent was previously granted</b>	
<i>Signed:</i>	
<i>Date:</i>	

<b><i>For academy use only:</i></b>	
Date received by academy	
Name of staff member receiving withdrawal form	
Record of actions taken	