WITHDRAWAL OF CONSENT

Please complete, print and return to the school office, marked for the attention of the Sarah Simmons, Data Protection Officer.

I am the Parent or Carer of …… (child's name), and I **no longer** grant Selly Oak Trust School permission to take photos and video footage of my child for use in school publications, online funding applications and publicity material.

Full Name of Student ……

Form Group ……

Signed by Parent/Guardian:……

Date……

Office use only:

Date of Request: ……

Date Actioned: ……

Date Confirmed by Data Protection Officer: ……