

# PHOTOGRAPH/VIDEO CONSENT WITHDRAWAL FORM



## Document Control

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1.1 I, [name], withdraw consent for the use of my child's [child's name] photograph or video from [insert Organisation Name].

1.2 [insert Organisation Name] no longer has my consent to

- use my child's photograph in classroom and displays around the school.
- use my child's photograph or video image for sharing on Twitter.
- use my child's photograph and video on the school website.
- Use my child's photograph in the school newsletter.

which was previously granted. [Please tick where you wish to withdraw consent.]

Full Name of Parent/Carer: \_\_\_\_\_

Address: \_\_\_\_\_

Signed: \_\_\_\_\_

Date of Request:

Date Actioned:

Date Confirmed by Data Protection Officer: