

# School Withdrawal of Consent Form

## Details of the Controller (School):

This request is made to: **Clonturk Community College** 

Address of Controller (School) named above:

Swords Rd, Whitehall, Dublin 9

### **Details of Data Subject:**

I am a;

- □ Parent/Guardian
- □ Student (over 18 years)

My Full Name:

My Address:	
Contact Number:	

Name of Data Subject (Student):

# For the purpose of proving my identity, I attach a Garda verified copy of 1 of the following:

- □ Passport
- □ Birth Certificate or
- Driving License
- □ Recent utility bill

Principal:Susan CampbellCorrespondence:Swords Road, Whitehall, Dublin 9Email/Web:info@clonturkcc.cdetb.ie

01 559 6960 www.clonturkcc.ie





#### **Details of my request**

I \_\_\_\_\_\_ [insert signature of Parent/Guardian/Student over 18 years] wish to withdraw my consent (under section 71(3)(C) of the Data Protection Act 2018) that photos and video footage of \_\_\_\_\_\_ [student's name here] may be taken and used by or on behalf of Clonturk Community College to promote its activities (currently and in the future) in the following circumstances; as selected by me:

*Photographic Image and/or Videographic footage of the student for the purpose of:* 

### Please tick the use for which you wish to withdraw consent

On Clonturk Community College website, and/or CDETB's website, social media and any other online publication associated with CDETB schools / centres / programmes / services.

Given to third parties, with the student's name, for the purpose of being used in print media *e.g.* newspapers, magazines, brochures / leaflets, posters, prospectus, reports books and other similar publications, *e.g.* a student attaining top results in the Leaving Certificate or a soccer team winning a competition.

Displayed within the school and including the student's name *e.g.* an image of a student awarded 'Student of the Year' with his/her name below.

In school yearbooks with the student's name also used, for identification purposes.

For promotional purposes related to the school *e.g.* school prospectus or video of school production.

Signed:	
Printed Name:	
Date:	

**Please return this form to**: the relevant school/ETB/FET centre/college etc.

**Note**: we require proof of the applicant's identity to ensure that the person making this request is acting legitimately within sections 91(3) or 92(5).

Request ref no.:	
Date request received:	
Proof of identity provided:	
Any other relevant comments:	