

Scole CEVC Primary School

Photographs and Video

Consent Withdrawal Form

I wish to withdraw all previous consent granted for any purpose of my / my child's photographs and video.

I understand that a new consent form must be completed in order to provide consent for any specific purpose or use of photographs and video.

I have read and understood the information above.

| | |
|----------------------------------|--|
| Pupil Name | |
| Name of parent/carer | |
| Signature of parent/carer/pupil* | |
| Date: | |

*where the pupil can demonstrate an understanding of their data rights.