

WITHDRAWAL OF CONSENT FORM

Date of request:	
Request to be sent to:	
Full name of the Learner/Student:	
Contact number:	
Email address:	
Description of the request:	

I, **[LEARNER NAME]**, wish to withdraw my consent for the collection, processing, use, and disclosure of my personal information by **[date]** for:

- All the purposes I have provided my consent for
- Only for the following purposes of personal information processing:
-

I fully understand and agree that the withdrawal of my consent to any or all purposes may result in the organization not being in a position to continue to provide services to me.

Signature of Learner:

Date:
