

# Coláiste Mhuire Co-Ed



## **School Withdrawal of Consent Form**

### **Details of the Controller (School):**

This request is made to: Denis Quinn, Coláiste Mhuire Co-Ed

Address of Controller (School) named above:
Coláiste Mhuire Co-Ed
<b>Castlemeadows</b>
<b>Thurels, Co. Tipperary</b>

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

**I am a;**

- Parent/Guardian
- Student (over 18 years)

My Full Name:
My Address:
Contact Number:

<b>Name of Data Subject (Student):</b>

**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

## **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 Coláiste Mhuire Co-Ed to promote its activities  
(currently and in the future) in the following circumstances; as selected by me:

<b><i>Photographic Image and/or Videographic footage of the student for the purpose of:</i></b>	
<b><i>Please tick the use for which you wish to withdraw consent</i></b>	
On Coláiste Mhuire Co-Eds website, and/or Tipperary ETB's website, social media and any other online publication associated with Tipperary ETB 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).

## **Office Use Only**

**Request ref no.:**

**Date request received:**

**Proof of identity provided:**

**Any other relevant comments:**

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