



OFFICE OF INFORMATION TECHNOLOGY – INFORMATION SECURITY OFFICE		
Data Subject Consent Form General	Policy #	
	Revised	

I, [data subject name], _____ give my full and informed consent to National University to collect, use, sell, process, and share my personal information and sensitive personal information, which includes but is not limited to, the academic, financial, and other personal information for the purpose of receiving accessible, achievable education, accessing institutional research or for employment reasons. I am aware that I may withdraw my consent at any time by using the Data Subject Consent Withdrawal Form, selecting the Make a Consumer Request link in National University's Privacy Policy, or by either sending an email to dataprotection@nu.edu or by mail to: National University, 9388 Lightwave Avenue, San Diego, California 92123 – Office of Information Technology, Information Security Office.

Signed by [data subject printed name]:

Signature: _____

Date: ____/____/_____