



OFFICE OF INFORMATION TECHNOLOGY – INFORMATION SECURITY OFFICE		
Parental Consent Withdraw Form	Policy #	
	Revised	

I, [parent/guardian name], _____ hereby withdraw my consent to process [child subjects name], _____'s personal information and sensitive personal information, which includes but is not limited to, the academic, financial, and other personal information of [child name], _____; from National University. I hereby revoke my consent for National University to process the personal data of [child's name], _____ for the purpose of receiving accessible, achievable education, accessing institutional research reasons., which was previously granted. I also hereby revoke any collection, use, sharing, and selling of their personal information and sensitive personal information. understand that this revocation of consent will be carried out as soon as possible, though there may be a brief delay in the process.

I certify I am able to withdraw [child's name], _____ consent to processing without suffering any detriment.

It is important to note that the prior collection, use, sale, processing, and sharing of their personal information was lawful and this revocation only affects future actions. I am aware that to effectuate this withdrawal I shall verify my identity and send this form via 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 [parent/guardian printed name]:

Signature: _____

Date: ____/____/_____