



Neatishead & Salhouse Federation

Photographs and Video Consent Withdrawal Form

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

I understand that a new consent form must be completed in order to provide consent for any specific purpose.

I have read and understood the information.

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

*where the pupil can demonstrate and understanding of their data rights