

## DanceSyndrome Data Subject Withdrawal of Consent Form

I (Name:.....  
hereby withdraw my consent for DanceSyndrome to process my personal data and therefore DanceSyndrome no longer has my consent to process my personal data for the purpose which I previously granted.

Signed:.....

Date:.....

### **FOR OFFICE USE:**

Request actioned:

Data Protection Officer:

Date:

### **Document owner**


DanceSyndrome is the owner of this policy document and must ensure that it is periodically reviewed according to the review requirements contained herein.

The latest version of this policy document dated 01/03/2018 is available to all employees of DanceSyndrome on the corporate intranet.

This policy document was approved by DanceSyndrome's Board of Trustees.

Date of implementation: April 2018

Date of next review: November 2018

  
Signed: .....

**Sue Blackwell, Acting Chair – DanceSyndrome – 18.04.2018**

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