

**Withdrawal of Consent Request Form**

I give my consent to SFMS to use the following information to contact me for verification purposes and, in relation to my request.

\* denotes mandatory fields.

\* **Full Name** : \_\_\_\_\_

\* **Contact Number** : \_\_\_\_\_

\* **Email Address** : \_\_\_\_\_

\* **NRIC/FIN Passport number** : \_\_\_\_\_

\* **Passport Number** : \_\_\_\_\_

\* **Date of Birth** : \_\_\_\_\_

\* **What is your relationship with SFMS? (Please Circle one of these)**

<input type="checkbox"/>	Current SFMS Student	<input type="checkbox"/>	Current SFMS Staff	<input type="checkbox"/>	Current SFMS Parent/Guardian
<input type="checkbox"/>	Former SFMS Staff	<input type="checkbox"/>	Former SFMS student	<input type="checkbox"/>	Former SFMS Parent/Guardian
<input type="checkbox"/>	Job applicant	<input type="checkbox"/>	Student Applicant	<input type="checkbox"/>	Vendor
<input type="checkbox"/>	For others, please specify:				

**Information for Verification Purpose**

Please provide the relevant information about yourself.

SFMS student ID : \_\_\_\_\_

Any other information to identify you: \_\_\_\_\_

(E.g. any other programme(s)/, alternate email address, alternative contact number)

**Note:** In order for SFMS to verify the authenticity of the requester, SFMS staff will contact you for verification in person and/or via other telecommunication channels such as telephone and email. Please send this form to [askdpo@sfms.edu.sg](mailto:askdpo@sfms.edu.sg)

**We would like to find out your reason for wishing to withdraw your consent.**

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**Terms & Conditions**

By submitting this application, I hereby authorise, agree and consent to allow the St Francis Methodist School and its employees ("SFMS") and SFMS' third party service providers to collect, use, disclose and/or process personal data about me that I had previously provided SFMS, that I now provide SFMS, that I may in future provide SFMS with and/or that SFMS possesses about me such as but not limited to my name, my identification number, my telephone number, my address, for the purposes of:

- (a) Processing and/or administering my request for withdrawal of consent;
- (b) Contacting me for identification verification purposes; and
- (c) Responding to my enquiries.

**Name of the Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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**Office Use Only**

**Name of the Officer handling:** \_\_\_\_\_

**Remarks:** \_\_\_\_\_

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**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_