

## **Data Sharing Request Form for students over 18**

I, \_\_\_\_\_ student at Dunshaughlin community College aged 18 years or older, hereby request and give consent to Dunshaughlin Community College providing the **parent(s) / guardian(s)** nominated below with my personal data, on the same or similar basis as such was communicated to my parent(s) / guardian(s) prior to my reaching 18 years of age.

I understand that, as a result of this request, the school will continue to communicate with my parent(s) / guardian(s) using Parent Teacher Meetings, SMS text message, email and/or ordinary post, depending on the nature and purpose of the communication, in line with school policy, *e.g.* text messages for notifications, email for correspondence *etc.*

(Please note that your next-of-kin information previously provided to the school will still be used where it is in your vital interests, *e.g.* a medical emergency or where the school fears for your safety *etc.*)

**For the purpose of this request, please inform each parent / guardian of your decision to nominate him / her and obtain from him / her the contact information required below.**

**Please also have your parent(s) / guardian(s) sign this request form, and you as the data subject, are also required to sign this form (overleaf).**

	Parent / Guardian 1	Parent / Guardian 2
Prefix: ( <i>e.g.</i> Mr. / Ms. / Ms. <i>etc.</i> )		
First Name:		
Surname:		
Mobile phone no.:		
Landline tel. no.:		
Email address:		
Postal Address:		
Eircode:		

I \_\_\_\_\_ acknowledge and declare that I have made this request to share my personal data of **my own free will and volition** and was **not coerced** to do so, **nor was I under duress** at the time of signing this nomination form, and that I have **chosen to make this request voluntarily and knowingly** and can withdraw this request in writing at any time.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Student / Data Subject)

I \_\_\_\_\_ acknowledge this request and hereby consent to the nomination such that I will receive from the school personal data regarding the data subject. I give this consent voluntarily and knowingly.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent / Guardian 1)

I \_\_\_\_\_ acknowledge this request and hereby consent to the nomination such that I will receive from the school personal data regarding the data subject. I give this consent voluntarily and knowingly.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent / Guardian 2)

#### Data Protection Notice

The processing of the personal data supplied on this Data Sharing Request Form is required to enable the school to comply with section 9(g) of the Education Act 1998. The personal data disclosed in this Data Sharing Request Form may be communicated internally within the school for the purpose of contacting the student and/or his/her parent(s)/guardian(s). Such personal data will be kept for the duration of any statutory obligation on the part of the school and for the purposes set out in section 70(1) of the Data Protection Act 2018, in line with LMETB's Data Retention Policy, which can be found at [www.lmetb.ie](http://www.lmetb.ie).

A copy of the full LMETB Data Protection Policy is available at <https://dunshaughlincc.ie/>. Any person who provides personal data through this form has a right to request access to that data. S/he also has a right to request the changing of any information if it is factually incorrect. A request for erasure of the data can also be made by or on behalf of any data subject but this will only be acceded to where the data is no longer necessary for the purpose for which it was collected and where the school does not have a legal basis for retaining it. If you as a data subject have any complaints regarding the processing of your personal data, you have the right to lodge a complaint with the Data Protection Commission.