



OFFICE OF INFORMATION TECHNOLOGY – INFORMATION SECURITY OFFICE		
Data Subject Consent Withdraw Form General	Policy #	
	Revised	

I, [data subject name], _____ hereby revoke my consent for National University to collect, use, sell, process, and share my personal information and sensitive personal information. I understand that this withdrawal of consent will be implemented as soon as practicable, though there may be a brief delay in the process. I am able to withdraw consent without suffering any adverse consequences.

It is important to note that the prior collection, use, sale, processing, and sharing of my 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 [data subject printed name]:

Signature: _____

Date: ____/____/_____