



DECLARATION OF WITHDRAWING PERSONAL DATA PROCESSING CONSENT

TO SOUTH-WEST UNIVERSITY "NEOFIT RILSKI"
AS A PERSONAL DATA ADMINISTRATOR

I, the undersigned, BC ID Number
.....
(first name, father's name and surname)

e-mail:, telephone number:.....

in his/her capacity of parent/ guardian/authorized person of:

Physical entity:BC ID Number
(first name, father's name and surname of the person under the age of 18)

in his/her capacity of
(the capacity of the person in relation to the administrator)

DECLARE:

I hereby withdraw my consent for personal data processing by the South-West University "Neofit Rilski"
regarding the person under the age of 18, signed on:(date)

For the following processing:

.....
.....
.....

(the type of personal data processing is stated).

I am informed and aware of the fact that the withdrawal of my consent does not affect the personal data
processing before the declaration.

Date:.....
.....

Signature: