**Full Name: ………………………………………………………………………………………………...**

**Student Number (if applicable): …………………………………………………………………..**

**Date of Birth……………………………………………………………………………………………….**

**Address: ….………………………………………………………………………………………………..**

**…………………………………………………………………………………………………………………**

**GDPR consent statement**

* 1. I, *[data subject name]*, hereby give my consent for Edge Hill University to provide the following named person/company *[company name]* with a reference relating to my studies and assessments at the University, as requested.
  2. I am aware that I may withdraw my consent at any time using the Data Subject Consent Withdrawal Form.

**All information will be processed in accordance with the Data Protection Act 2018 and the General Data Protection Regulation.**

Signed:

Date:

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