



**LUNDS
KOMMUN**

Withdrawal of consent for the school to use photos and/or videos where the student appears

I hereby withdraw my consent for use of photos and/or videos where I appear that were taken as part of educational activities at Lund Municipality/Education Administration.

I am aware that my withdrawal of consent only applies to future photos and/or videos where I appear, and not ones that have already been used.

Withdrawal of consent applies to the following person:

Student's name

Student's personal ID number
(YYYYMMDD-XXXX)

Student's signature

Date and location

Clarification of student's signature