



Coláiste Lorcáin

Principál: Mr. Eric Gaughran
 Deputy Principál: Mr. Aodhagan O'Súilleabháin
 Telephone: (059) 9144167, (059 9144353)
 Email: info@colaistelorcaín.com

Diseart Diarmada
 Castledermot
 Co. Chill Dara
 Co. Kildare

Over 18 Student Consent Form re. Sharing of Personal Data

I, _____, student at Coláiste Lorcain, Castledermot, soon to be 18 years of age / aged 18 years or older, hereby request and give consent to Coláiste Lorcain, Castledermot, to provide the **adult** person(s) nominated below with my personal data, on the same or similar basis as was communicated prior to my reaching 18 years of age.

For the purpose of this request, please inform your nominee(s) of your decision to nominate them and obtain from them the information required below. Please also have your nominee(s) sign this request.

Name of Nominee(s):

(a)	(b)

The methods by which I wish my nominee(s) to be contacted are (please tick as appropriate:

- ☐ Ordinary Post
- ☐ Email
- ☐ Text Message
- ☐ Telephone Call

If you selected ordinary post, please provide the address(es) of Nominee(s):

(a)	(b)

If you selected email, please provide the email address(es) of Nominee(s):

(a)	(b)

If you selected text message / phonecall, please provide the Nominee'(s') Contact Number(s):

(a)	(b)

I _____ acknowledge and agree 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.

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: _____
 (Nominee 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: _____
 (Nominee 2)

Completed forms must be returned to the school office by the Student giving consent for the sharing of their personal data with their nominees.