



Over 18 Student Request Form: Please complete Section A and/or Section B

Section A: Permission to share information with parent/guardian

I, _____ student at Lucan Community College, aged 18 years or older, hereby request and give consent to Lucan Community College providing the **adult** person(s) nominated below with my personal data, on the same or similar basis as such 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.

The methods by which I wish my nominee(s) to be contacted include the currently used communication methods by the school (please tick box):

- Ordinary post, email and SMS text message/telephone call**

and I now provide the relevant name of nominee(s), postal address(es), email address(es) and contact phone number(s) below (usually parents/guardians):

Name of Nominee 1	Name of Nominee 2
Nominee 1 Postal Address	Nominee 2 Postal Address (if different)
Nominee 1 Email Address	Nominee 2 Email Address
Nominee 1 contact phone number(s)	Nominee 2 contact phone number(s)
Mobile:	Mobile:
Work:	Work:
Home:	Home:

Statement of Adult Student

I _____ acknowledge and declare 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** and can withdraw this request in writing at any time.

Signed : _____ Date: _____
(Student / data subject)

Statement of 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 1)

Statement of Nominee 2

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)

Section B: Information for Adult Student (please complete this ONLY if you would like your details to be stored on the school system). This can occur whether or not you have completed Section A.

Please add my personal information to the student information system so that I can be contacted by the school.

Postal Address	Email Address: Mobile Number:
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This form should be returned to your year head who will then pass on relevant information for changes to our school admin systems to the front office. If you have specific circumstances and would like us to manage your data in specific ways or would prefer to be your own data controller, please discuss this with your Year Head who will arrange a meeting with the Deputy Principal or Principal.