NATIONAL COUNCIL ON EDUCATION
NCE@NCE.ORG.COM

Data Subject Prevent Processing Request Application

SECTION 1	**PERSONAL INFORMATION OF DATA SUBJECT**				
1	**NAME OF DATA SUBJECT** (If you are not the data subject proceed to Section 2)	Last Name Last Name	Middle Name Middle Name	First Name First Name	
2	**DATE OF BIRTH (DD/MM/YYYY)**	DD/MM/YYYY	**3**	**SEX**	☐ Male ☐ Female
4	**CONTACT INFORMATION**	Phone Number			
		Email Address	username@email.com		
5	**ADDRESS** (Please state the address to which correspondence related to your application should be sent)	Street Address: Street Address			
		Address Line 2: Address Line 2			
		City/State/Parish/Postal Code: City/State/Parish			
		Country: Country			
6	**MAILING ADDRESS** (if different from primary address)	Street Address: Street Address			
		Address Line 2: Address Line 2			
		City/State/Parish/Postal Code: City/State/Parish			
		Country: Country			
SECTION 2	**PERSONAL INFORMATION OF APPLICANT**				
7	**ARE YOU MAKING THIS REQUEST ON THE DATA SUBJECT'S BEHALF?**	☐ Yes	☐ No (Please move to Section 3)		

8	**NAME OF APPLICANT** (please provide a signed delegation form or proof of authority to act on data subject's behalf)	Last Name Last Name	Middle Name Middle Name	First Name First Name
9	**CONTACT INFORMATION**	Phone Number	☐☐☐ — ☐☐☐ — ☐☐☐☐	
		Email Address	username@email.com	
10	**MAILING ADDRESS** (Please state the address to which correspondence related to your application should be sent)	Street Address: Street Address		
		Address Line 2: Address Line 2		
		City/State/Parish/Postal Code: City/State/Parish		
		Country: Country		

SECTION 3 YOUR REQUEST

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I hereby direct you to: (Select all that applies to your request for the above-mentioned data subject)

☐ Cease processing the personal data, of which I am the data subject/of the data subject on whose behalf I am acting on or before: 08/20/2026

☐ Cease processing the personal data, of which I am the data subject/of the data subject on whose behalf I am acting in the following manner Your text here (specify manner) on or before the following date 08/20/2026

☐ Not to begin the processing of personal data of which I am the data subject/of the data subject on whose behalf I am acting.

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The data controller is required to give effect to the direction above on the basis that: (Select all that applies to your request for the above-mentioned data subject)

☐ The processing of the personal data/the processing of the personal data for the specified purpose/the processing of the personal data in the specified manner, is causing/is likely to cause substantial damage or substantial distress to me/the data subject/to another, and that the damage or distress caused/likely to be caused is unwarranted

☐ The personal data is incomplete/irrelevant having regard to the purpose of the processing

☐ The processing of the personal data/the processing of the personal data for the specified purpose/ in the specified manner , is prohibited under the following law Your text here (state law)

☐ The personal data has been retained by the data controller for longer that the period of time for which it may retained by the data controller under the following law Your text here (state law)

15	**PLEASE PROVIDE ANY ADDITIONAL INFORMATION, EVIDENCE OR DETAILS THAT MAY ASSIST THE ORGANIZATION IN LOCATING YOUR DATA**. (e.g. a form name/number, a reference number, department)	
16	**TODAY'S DATE**	DD/MM/YYYY
17	**I declare that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.**	
	YOUR SIGNATURE	**1** **YOUR RELATIONSHIP TO THE PERSON IN SECTION 1** (If different from data subject)**:** ○ Father or Mother ○ Natural Or Adoptive Parent ○ Legal Guardian ○ Other Specify

THIS SECTION IS FOR INTERNAL USE ONLY

REQUEST REFERENCE NO:	☐☐☐ — ☐☐☐ — ☐☐☐☐☐☐☐☐ — ☐☐☐☐

DOCUMENT SUBMITTED	Data Subject's ID Number	Applicant's ID Number
☐ Copy of Passport	ID Number	Applicant Number
☐ Copy of Elector ID	ID Number	Applicant Number
☐ Copy of Driver's License		
☐ Delegation Form		
☐ Proof of Address (e.g. utility bill, bank statement)		
☐ Other (please specify):		

Employee Name:	Employee Name		
Employee Signature:		Date:	DD/MM/YYYY
DPO Name:	Full Name		
DPO Signature:		Date:	DD/MM/YYYY