##  ANNEX 4

## *Model for exercising the right of cancellation*

**Request for cancellation of personal data**

***Details of the applicant***

Name and surname: ...............

ID No.: ...............

Name and surname of the representative: ...............

Full address for the purpose of notifications: ...............

***Identification of the file or files***

Name: ...............

Data controller: ...............

**I REQUEST:**

That, in accordance with the provisions of article 16 of Organic Law 15/1999, of 13 December, on the protection of personal data, and articles 23 to 26 and 31 to 33 of its implementing Regulation, approved by Royal Decree 1720/2007, of 21 December, you cancel the.............. (*identify them)* data related to me contained in your files or which are being processed, and which are listed below, because............... *(reason for cancellation)*:

Data to cancel: ...............

***Accompanying documents*** *(tick applicable):*

|  |  |
| --- | --- |
|  | Copy of ID or passport |
|  |  |
|  | Document verifying the representative |
|  |  |
|  | Accrediting documents: ............... |

*(signature of the applicant)*

 *(place and date)*

SCHOOL *(school to which it is addressed)...............*