##  ANNEX 5

## *Model for exercising the right of opposition*

**Request to exercise the right of opposition**

***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 6.4 of Organic Law 15/1999, of 13 December, on the protection of personal data, and articles 23 to 26 and 34 to 36 of its implementing Regulation, approved by Royal Decree 1720/2007, of 21 December, you cease the processing consisting of .............. (*identify the processing)* in reference to my personal data contained in your files or which are being processed, and which are listed below, as............... *(reason for opposition)*:

Data for which cessation of processing is requested: .........

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

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

*(signature of the applicant)*

 *(place and date)*

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