



WITHDRAWAL OF CONSENT REQUEST FORM

For the Processing, Disclosure and Retention of Personal Information
(Applicants/ prospective students)

Under the Personal Data Protection Act B.E. 2562, you are entitled to request to withdraw consent you have given to us in respect of the collection, use and disclosure by Faculty of Science, Mahidol University of your personal information for any purposes. Please note that there may be legal consequences, which may arise from the withdrawal of your consent to the collection, use and disclosure of your personal information. Please complete this form, and submit it at <https://sim.sc.mahidol.ac.th/privacy-notice/>

I wish to withdraw my consent for the collection, use and disclosure of the personal information provided to the International B.Sc. Program, Faculty of Science, Mahidol University (SIM) for:

All the purposes I had provided my consent for; or

For only the following purposes:

(Please specify the purpose of withdrawal) _____

I fully understand and agree that the withdrawal of my consent to any or all purposes- depending on the nature of my request- may result in the faculty/ university not being in a position to continue to provide services to me.

Signature of requestor: _____

Name of requestor: _____

Date: _____

Remark: A withdrawal of consent must be carried out under the terms and conditions of related rules and regulations, announcements pertaining to the personal data protection policies and procedures as determined/ specified by Mahidol University