I,

.................................................................................................................................................................

*/ data subject name /*

would like to withdraw the consent to process my personal data by MEDICAL UNIVERSITY – SOFIA. Thus, MEDICAL UNIVERSITY – SOFIA no longer has my consent to process my personal data for the purpose of

.................................................................................................................................................................

*/ specify the processing activity for which consent is being withdrawn /*

which was previously granted using the DATA SUBJECT CONSENT FORM.

The withdrawal of consent does not affect the lawfulness of the processing activities up to this point.

............................................................................

/ *data subject name* /

Signature: Date:

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