

APPLICANT'S OPTION TO DECLINE ADDITIONAL SUPPORT SERVICES

Please return this form to: Student Support Services, UCP013, University Centre Peterborough, Park Crescent, Peterborough, Cambridgeshire, PE1 4DZ

Student ID Number		Contact Number	
Student ID Number		Contact Number	
Student Name		Email	
Age		Date of Birth	
understand and agree that		itional learning support during my course or rborough and Peterborough Regional Colle low:	-
Please tick the reason(s) wh	ny you have declined suppor	rt at this time:	
I do not feel support is required			
• I am receiving other support as stated below. Please detail the support:			
I ticked 'Do you want additional support' box in error			
Other reason as:	stated below. <i>Please detail:</i>		
Please tick to indicate that you understand that you can review this option at any time.			
PRIVACY DISCLAIMER This data is recorded on a management information system that complies with the principles of the Data Protection Act 1998, the EU's General Data Protection Regulation (GDPR) and PRC policy. Access to this data is limited to UCP Student Support staff and Management. Data is retained and securely held for the academic year + 5 years, then destroyed in line with the UCP policy.			
By signing this document, I agree for the personal data and documentation I have provided to be held by the University Centre Peterborough for the purpose of providing evidence and sufficient documentation to ensure I receive the relevant support during my studies. I have read and understood the privacy notice made available by Student Support, which is also available at the website on: https://www.ucp.ac.uk/privacy-and-cookies/			
Date			
Student signature			
Date received by staff			
Staff name (print)			
Staff signature			