

OFFICE OF INFORMATION TECHNOLOGY – INFORMATION SECURITY OFFICE	
Data Subject Limit Consent Form	Policy #
	Revised
I, [data subject name], hereby request that Na	ational University limit its
collection, use, sale, processing, or sharing of any data obtained from me. I	agree to contact National
University's Data Protection Officer by email (dataprotection@nu.edu) or by mail (National University,	
9388 Lightwave Avenue, San Diego, CA 92123 – Office of Information Technology, Information	
Security Office) to specify my preferences. I understand that if I do not inform the Data Protection	
Officer of my preferences, National University is not obligated to limit the handling of my data. However,	
I undestand if I limit certain data, it may impact National University's ability to provide services.	
Signed by [data subject printed name]:	
Signaturo	
Signature:	

Date: \_\_\_\_/ \_\_\_\_/