

OFFICE OF INFORMATION TECHNOLOGY – INFORMATION SECURITY OFFICE		
Data Subject Limit Consent Form	Policy #	
	Revised	
I, [data subject name], hereby request that Na	ational Ur	niversity 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 (Na	tional University,
11355 N Torrey Pines Rd, La Jolla, CA 92037 – Office of Information Techno	ology, Info	rmation 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 of	lata. Howe	ever, I undestand
if I limit certain data, it may impact National University's ability to provide serv	vices.	
Signed by [data subject printed name]:		
<del></del>		
Signature:		

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