



THE UNIVERSITY OF
NEW SOUTH WALES

REVOCATION OF CONSENT

I hereby wish to WITHDRAW my consent to participate in the Anatomy Donor Program administered by the School of Medical Sciences, UNSW.

Signature

Date

Please PRINT name and address

This form should be forwarded to:

The Head of School
School of Medical Sciences
University of New South Wales
Sydney NSW 2052

Return the original to the School of Medical Sciences, University of New South Wales, place a copy with your Will and keep a copy with your personal effects.