



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 Department of Anatomy, School of Medical Sciences, UNSW.

Signature

Date

Please PRINT name and address

This form should be forwarded to:

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

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