**RESIGNATION OF A GOVERNOR**

Please complete and email to [governorsupport@lincolnshire.gov.uk](mailto:governorsupport@lincolnshire.gov.uk)

|  |  |
| --- | --- |
| Name of School: |  |
| Full Name of Governor: |  |
| Email Address: |  |
| Type of Governorship:  Please Check the Correct Box | Local Authority Governor  Co-Opted Governor  Foundation Governor  Parent Governor  Staff Governor |
| Date of Resignation: | Click here to enter a date. |
| Reason for Resignation:  Please Check the Correct Box | Moved Away  Child Left School  Recommended to Step Down  Work Commitments  Other \*  \*Please Give Brief Description: |

This form was completed by Date: Click here to enter a date.

**Privacy Statement**

Lincolnshire County Council will use the information collected through this form to process your appointment as a Governor. As well as the information provided by you, we may also collect relevant information from schools and professional organisations such as the National Governors Association, Inspiring Governance and Teaching Schools. Your information is only shared with third parties where necessary and where the law allows it. Your information is kept only for as long as necessary. To find out more information on how your data is processed and your rights, please see the Education and Skills privacy notice which can be accessed via our [website](https://www.lincolnshire.gov.uk/directory-record/62065/education-and-skills) or made available on request.