



REPUBLIC OF CYPRUS  
**MINISTRY OF EDUCATION  
 SPORT AND YOUTH**

**YPAN YEPS 02**

**EDUCATIONAL PSYCHOLOGY  
 SERVICE**

**REQUEST FOR TERMINATION OF EDUCATIONAL PSYCHOLOGICAL SERVICES**

Name of child/adolescent .....  
 Name of school .....  
 Date of birth .....  
 Name of Father/Guardian: .....  
 Name of Mother/Guardian .....  
 Contact Details of Father/Guardian .....  
 Contact Details of Mother/Guardian .....  
 Home Address .....

We, Parents/Legal guardians of the above named child/young person request for the termination of Educational Psychologist Involvement in any services provided to our child.

We also declare that we have been informed about the General Data Protection Regulation Privacy Policy of the Educational Psychology Service of the Ministry of Education, Sport and Youth, through the Educational Psychology Service webpage or our child's school.

<b>Name</b>	<b>Relationship to child</b>	<b>Signature</b>	<b>Date</b>

-----

**Official use only**

EPS File Number: