

DATA PROTECTION ACT 2018- SUBJECT ACCESS REQUEST FORM

Edge Hill
University

Reference: SPPU V 2.3
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This Subject Access Request Form is for any individual who wishes to apply for access to personal data held by Edge Hill University.

PLEASE NOTE: This is not a mandatory form – Subject Access Requests made in other formats will also be accepted, this form is designed to speed up the process.

Applicant Details

Title (please tick one): Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Title (please state):
Full Name	
Other name(s) known by:	
Date of Birth (dd/mm/yyyy):/...../..... Male <input type="checkbox"/> or Female <input type="checkbox"/>
Address:	
Contact Number:	
Email Address:	

Details of Information Required

Please use this space to give us any details about the information you are requesting, for example by stating specific documents or detailing time frames for which you require access to:

Are you requesting the information about yourself? YES / NO

YES: If you are requesting the information about yourself, please supply evidence of your identity i.e driving licence, birth certificate (please send photocopy).

NO: If you are requesting the information on behalf of someone else, please complete the table below and provide proof of identification.

Representative Details

Name of Representative:	
Address & Postcode	
Contact Number:	
Email Address:	

Representative Proof of Identity

Please provide a copy of your identification, along with a copy of the data subject's identification.

Authority to release information to a Representative

A representative needs to obtain authority from the applicant before personal data can be released. The representative should obtain the applicant's signature below, or provide a separate note of authority.

I hereby give my authority for the representative named in Section 3 of this form to make a Subject Access Request on my behalf under Data Protection Legislation.

Signature of Applicant:	Date:
Signature of Representative:	Date:

Please post a copy of this form to Information Governance Office, Main Building, Edge Hill University, St Helen's Road, L39 4QP or alternatively forward a copy of this form to dataprotection@edgehill.ac.uk.