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| --- | --- |
| Date Request Received (Official use only) |  |
| Reference Number (Official use only) |  |



**Subject Access Request Form**

**To enable us to respond to your request promptly, please complete this form (in block capitals) in as much detail as possible and return it to the following address: Data Protection Officer, Queen Mary University of London, Mile End Road, London, E1 4NS or by email to** **data-protection@qmul.ac.uk****, to which queries can also be addressed.**

1. **PERSONAL DETAILS OF REQUESTER**

|  |  |
| --- | --- |
| Name |  |
| AddressPostcode |  |
| Telephone Number |  |
| E-mail address |  |

1. **ARE YOU THE DATA SUBJECT? *(Tick in one box)***

|  |  |
| --- | --- |
| Yes | If you are the Data Subject please supply evidence of your identity, e.g. copy of student/staff ID card, driving licence, recent bank statement, utility bill. **Please go to 5.** |
| No | Are you acting on behalf of the Data Subject with their written authority? If so, that authority must be enclosed in addition to the evidence of their identity described above. **Please complete 3. and 4.** |

**3. DETAILS OF THE DATA SUBJECT *(If different to those given at 1.)***

|  |  |
| --- | --- |
| Name |  |
| AddressPostcode |  |
| Telephone Number |  |
| E-mail address |  |

1. **RELATIONSHIP TO DATA SUBJECT *(Please briefly describe your relationship with the Data Subject that leads you to make this request for information, e.g. legal representative, spouse, parent, etc.)***

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|  |

**5. INFORMATION REQUIRED *(Please describe as precisely as possible the information you seek, together with any additional information which will help us to locate it, for example: the academic or administrative departments in which it may be held; the nature of your current/past relationship with QMUL (i.e. student/employee); the dates on which correspondence or other material may have been created, etc. Please continue on a separate sheet if necessary)***

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**6. ADDITIONAL INFORMATION *(To assist with verification of identity and identification of relevant data, please provide a date of birth and/or a student ID or NI number)***

|  |  |
| --- | --- |
| Date of Birth |  |
| Student ID/NI No. |  |

**DECLARATION:**

I certify that the information given on this application form is true and accurate. I understand that it is necessary for Queen Mary University of London to confirm my/the Data Subject’s identity and it may be necessary for it to obtain more detailed information in order to locate the correct personal data. I understand that the response period of one month will not commence until Queen Mary University of London is satisfied in this regard.

|  |  |
| --- | --- |
| Signature |  |
| Print name |  |
| Date |  |

Once completed, please ensure that a copy of this form is sent, in a sealed envelope (marked ‘Private and Confidential’) to the address at the top of the form or via email.

**Please remember to include:**

* **Evidence of your identity (we need this to ensure that personal information is not disclosed to any person who has no right to receive it)**
* **Evidence of the Data Subject’s identity and signed authority documents (if you are not the Data Subject)**