subject access request form

Date of issue: 01/06/2021

1. Data Subject (person who information is about)

|  |  |
| --- | --- |
| Title |  |
| Name |  |
| Date of birth |  |
| Year group (if child or young person) |  |

2. Person making the request

|  |  |
| --- | --- |
| Name |  |
| Date of birth |  |
| Address |  |
| Email Address |  |
| Contact phone number |  |
| Identification Evidence Provided (if required)  Passport  Driving licence  Or:  2 forms of Utility bill within last 3 months  Bank statements of last three months  Council Tax bill  Rent book |  |

3. Status of person making request

|  |  |
| --- | --- |
| Parent or person with Parental  Responsibility (PR) |  |
| Are you acting on their written authority (please provide a copy  of the consent) |  |
| If not the parent or with PR,  what is your role? |  |

4. Details of Data Requested

|  |
| --- |
|  |

5. Declaration

I, [ADD YOUR NAME] hereby request that [ADD THE NAME OF THE ACADEMY] provide the data requested about me.

Signature: 

Dated: 

OR

I, [ADD YOUR NAME] hereby request that [ADD THE NAME OF THE ACADEMY] provide the data requested about [ADD THE CHILD’S NAME] on the basis of the authority that I have provided.

Signature: 

Dated: 

General data Protection Regulation

All data within this policy will be processed in line with the requirements and protections set out in the General Data Protection Regulation.

Please return this form to [GDPR@Springwell.ttct.co.uk](mailto:GDPR@Springwell.ttct.co.uk)