Data Subject Access Request Form

1.0 DATA SUBJECT DETAILS:

Title	Mr ☐	Mrs ☐	Miss ☐	Ms ☐	Other: ☐
Surname					
First name(s)					
Current address					
Telephone number:					
Home					
Work					
Mobile					
Email address					
Date of birth					
Details of identification provided to confirm name of data subject:					
Details of data requested:					

1.1 DETAILS OF PERSON REQUESTING THE INFORMATION (if not the Data Subject):

Are you acting on behalf of the data subject with their written or other legal authority?	Yes ☐ No ☐				
If 'Yes' please state your relationship with the data subject (e.g., parent, legal guardian or solicitor)					
Please enclose proof that you are legally authorised to obtain this information.					
Title	Mr ☐	Mrs ☐	Miss ☐	Ms ☐	Other: ☐
Surname					
First name(s)					
Current address					
Telephone number:					
Home					
Work					
Mobile					
Email address					

2. DECLARATION

I, ……, the undersigned and the person identified in (1) above, hereby request that UCG provide me with the data about me identified above.

Signature: Date:

DSAR form completed by (Staff/Student name):

I, ……, the undersigned and the person identified in (1.1) above, hereby request that UCG provide me with the data about the data subject identified in (1) above.

Signature: Date:

DSAR form completed by (name):

This form must immediately be forwarded to the Data Protection Team: gdpr@ucg.ac.uk