

**General Data** **Protection Regulations 2018 – Subject Access Request Form**

The General Data Protection Regulations (GDPR) 2018 provides you, the data subject, with a right to receive a copy of the data/information we hold about you or to authorise someone to act on your behalf. Please complete this form if you wish to see your data. You will also need to provide **proof of your identity**. Your request will be processed within 30 calendar days upon receipt of a fully completed form and proof of identity.

**Proof of identity:**

We require proof of your identity before we can disclose personal data. Proof of your identity should include a copy of one form of photo I.D e.g. passport. Driving license

**Section1**

Please fill in your details (the data subject). If you are NOT the data subject and you are applying on behalf of someone else, please fill in the details of the data subject below and not your own.

|  |  |  |
| --- | --- | --- |
| **Title:** Mr Mrs Ms Miss Other – | | |
| **Surname/ Family Name:** | | |
| **First Name(s)/Forenames:** | | |
| **Date of Birth:** | | |
| **Address:**          **Post Code:** | | |
| **Previous Addresses:**        **Post Code:** |  |  |
| **Day Time Telephone Number (s)** | | |

|  |
| --- |
| I am enclosing the following copies as proof of identity:    Driving Licence Passport |
| If none of these are available please contact our Data Protection Officer for advice (school phone). |

|  |
| --- |
| **Which data would you like access to?**  Please let us know in writing what data you are requesting |
| **Why are you requesting this Data?** |

**What is your relationship to the data subject?**

(

e.g. parent, carer, legal representative)

I am enclosing the following copy as proof of legal authorisation to act on behalf of the data subject:

Letter of authority

Lasting or Enduring Power of Attorney

Evidence of parental responsibility

Other

*(*

*give details):*

|  |  |
| --- | --- |
| **Data Subject Declaration:**    I certify that the information provided on this form is correct to the best of my knowledge and that I am the person to whom it relates. I understand that Church Lane Primary School & Nursery is obliged to decline my request and will inform me as to why in written form. | |
| **Name:** | |
| **Signature:** | **Date:** |
| **OR** | |
| **Authorised person – Declaration (if applicable):**    I confirm that I am legally authorised to act on behalf of the data subject. I understand that Church Lane Primary School & Nursery is obliged to confirm proof of identity/authority and it may be necessary to obtain further information in order to comply with this subject access request. | |
| **Name:** | |
| **Signature:** | **Date:** |

Warning: a person who unlawfully obtains or attempts to obtain data is guilty of a criminal offence and is liable to prosecution.

|  |
| --- |
| I wish to:    Receive the information in electronic format  Receive the information by post\* Collect the information in person    View a copy of the information only Go through the information with a member of staff  \*Please be aware that if you wish us to post the information to you, we will take every care to ensure that it is addressed correctly. However, we cannot be held liable if the information is lost in the post or incorrectly delivered or opened by someone else in your household. Loss or incorrect delivery may cause you embarrassment or harm if the information is 'sensitive'. |

**Please send your completed form and proof of identity to:**

Data Protection Officer

Church Lane Primary School & Nursey

Email dpo@sleafordchurchlane.lincs.sch.uk

Call 01529 302696

Church Lane Primary School & Nursery will retain the information provided and only share the information with those it is legally entitled to. The information will only be kept for as long as necessary and in accordance with Church Lane Primary School & Nursery retention policy, will be disposed of in a safe and secure manner.