

**Data Protection**

 **Subject Access Request Form**

1. **Personal Details of Data Subject**

**1. Details of the person who the information is about (the data subject).**

Full name …………………………………………………………………………………………………… Address ……………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………. Telephone Number ………………………… Faculty/School.……………………………................

Student Number/Staff Payroll Number (if applicable) …………………………………………….

Name of course (if applicable) ……………………………………………………………………………

E-mail Address…………………………………………………………………………………………………..

1. **Alternative Contact Details (third parties only)**

Only complete this section if you are **not** the data subject, i.e. you are requesting information on behalf of another person.

|  |  |  |
| --- | --- | --- |
| Title | Forename(s) | Surname |
| Address | Telephone number |
| Email address |
| Relationship to data subject/authority for making request |

1. **Records Required**

**(PLEASE COMPLETE ALL SECTIONS)**

* 1. **Please tick the category/categories into which your enquiry falls**

|  |  |
| --- | --- |
| Category |  |
| Sports Associations or Community Associations |  |
| Student records |  |
| Disciplinary records |  |
| Grievance records |  |
| Other HR related documents |  |
| Health and medical matters |  |
| Political, religious or trade union information |  |
| Personal details, e.g. name, address and date of birth |  |
| Other (please specify or describe if possible) |  |

* 1. **Please describe the information you seek in as much detail as possible. This will help us to identify the information you require.**
	2. **Sections / Departments to search**

**Please tick below which (if any) of the following sections/departments the documents you are seeking may be found or which you would like us to search.**

|  |  |
| --- | --- |
| Service / Department | Search () |
| Your Community or Sports Association |  |
| Human Resources |  |
| Student & Representation Services |  |
| Commercial Services |  |
| Finance |  |
| IT Services |  |
| Marketing |  |
| Student Services  |  |
| Facilities  |  |
| Other(s) (please specify) |  |

1. **Identity**

If you are requesting personal data of which you are the subject you must supply:

* a photocopy/scan of proof of your identity with this form, such as passport, driving licence or University ID card.

If you are requesting personal data on behalf of a subject you must describe your relationship to the subject and supply:

1. written signed authority of the subject, and,
2. a photocopy of proof of the subject’s identity with this form, such as passport, driving licence or University ID card.
3. **Declaration**

I certify the information provided in this form is accurate to the best of my knowledge. I accept that The Students’ Union will take reasonable steps to establish identity prior to release of personal data.

I request that The Students’ Union at the West of England provide me with a copy of personal data relating to the subject named in Section 1 of this form.

I enclose the following:

* A photocopy of the data subject’s proof of identity;
* Written and signed authority of the data subject (third parties only).

|  |  |  |
| --- | --- | --- |
| Signed---------------------------------- | Please print name---------------------------------- | Date--/--/---- |

**Please return the completed form either via e-mail marked clearly “Data Subject Access Request” to the following e-mail address:** **Tim.Benford@uwe.ac.uk****.**

**Alternatively, send by post to the following address:**

The Students’ Union

U Block

Frenchay Campus

Coldharbour Lane

Bristol

BS16 1QY