# Subject Access Request Form

**Are you a member or former member of staff?** Yes/No

1. **Details of the person requesting the information**

Full name.....................................................................................................

Address.......................................................................................................

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Telephone number......................................................................................

Email..........................................................................................................

1. **Are you the Data Subject?**

Yes If you are the Data Subject, please supply evidence of your identity i.e. a certified copy of your passport of driving licence (please go to section 5).

No Are you acting on behalf of the Data Subject with their written authority? If so, that authority must be enclosed (please complete questions 3 & 4).

1. **Details of the Data Subject (if different to 1.)**

Full name.....................................................................................................

Address........................................................................................................

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Telephone number.......................................................................................

Email............................................................................................................

1. **Please describe your relationship with the Data Subject that leads you to make this request for information on their behalf.**

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1. **If you wish to see only specific document(s), for example a personnel file, an exam transcript, etc. please describe these below:**

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1. **If you would like a more general search, please note that the University will automatically search the following sections for personal data:**

HR, Student Journey, Finance, ITS and any academic school that you have studied with as part of your course. *Please tick below any other sections/departments that you have been in contact with, which you would like to be searched for relevant data*.

|  |  |
| --- | --- |
| *Section* | *Search* |
| Advice and Information Service |  |
| Careers Service |  |
| Counselling Service |  |
| Disability & Dyslexia Service |  |
| Student Fees |  |
| Other(s), please specify |  |

If CCTV search required, please specify date(s), time(s) and location (please note CCTV is only retained for 28 days)

**Declaration**

I......................................................., certify that the information given on this application form to London Metropolitan University is true. I understand that it is necessary for the University to confirm my/Data Subject’s identity and it may be necessary to obtain more detailed information in order to locate the correct information.

Signed.......................................... Date.............................................

Please return the completed form to the Legal Services, Room T2-20 Tower Building, London Metropolitan University, 166-220 Holloway Road, London N7 8DB.

Documents which must accompany this application are:

1. Evidence of your identity
2. Evidence of the Data Subject’s identity (if different from above)
3. Evidence of the Data Subject’s consent to disclose to a third party (if required as indicated above

Please note that the University reserves the right to redact or withhold information that relates to other third parties (in accordance with Schedule 2, Part 3 para.16 of the Data Protection Act 2018).