# DATA PROTECTION ACT 2018-SUBJECT ACCESS REQUEST FORM

This Subject Access Request Form is for any individual who wishes to apply for access to personal data held by Edge Hill University covered under UK data protection legislation. This form allows you, or an authorised person, to request information that we hold about you.

## What you need to know

Making a SAR is usually free, although there may be a fee for more complex requests. It can take up to one month for the University to provide the information you have requested however this may take longer if you’ve asked for more complex or detailed information. If it will take longer than one month to provide what you’ve asked for we will let you know as soon as possible.

PLEASE NOTE: This is not a mandatory form – Subject Access Requests made in other formats will also be accepted, this form is designed to speed up the process. The details you provide on this form will be used to confirm your identity, or that of the person making the request on your behalf, and to ensure we can fully understand and accurately respond to your request.

## Applicant Details

| Title (please tick one): | Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ] Title (please state): |
| --- | --- |
| Full Name |  |
| Other name(s) known by: |  |
| Date of Birth (dd/mm/yyyy): | ……../……./……….Male [ ]  or Female [ ]  |
| Address: |  |
| Contact Number: |  |
| Email Address: |  |

## Details of Information Required

Please use this space to give us any details about the information you are requesting, for example by stating specific documents or detailing time frames for which you require access to:

**Are you requesting the information about yourself?** **YES / NO**

**YES:** If you are requesting the information about yourself, please supply evidence of your identity i.e driving licence, birth certificate (please send photocopy).

**NO:** If you are requesting the information on behalf of someone else, please complete the table below and provide proof of identification.

## Third Party Details

| Name of Third Party: |  |
| --- | --- |
| Address & Postcode |  |
| Contact Number: |  |
| Email Address: |  |

### Third Party Proof of Identity

Please provide a copy of your identification, along with a copy of the data subject’s identification.

**Authority to release information to a Third Party**

**I hereby give my authority for the third party named above to make a Subject Access Request on my behalf under Data Protection Legislation.**

| Signature of Applicant: | Date: |
| --- | --- |
| Signature of Representative: | Date: |

### What happens next?

We’ll contact you to confirm that we’ve received your DSAR form and let you know whether we can process your request.

Please post a copy of this form to Information Governance Office, Main Building, Edge Hill University, St Helen’s Road, L39 4QP or alternatively forward a copy of this form to dataprotection@edgehill.ac.uk.