

**St Thomas More RC College**

**SUBJECT ACCESS REQUEST (FORM)**

Please complete the following form and return it to the school office or email the completed form together with a copy of stated detail of proof of identification (1\*) to sar@stmcollege.org.uk.

# A) Data Subject Details

|  |  |
| --- | --- |
| Title  |   |
| Surname  |   |
| First Name(s)  |   |
| Current Address  |   |
| Telephone (Home)  |   |
| Telephone (Work)  |   |
| Telephone (Mobile)  |   |
| Email address  |   |
| Date of birth  |   |
| (1\*) Details of identification provided to confirm name of data subject in question  |      |
| Details of data requested  |         |

***If the person requesting the information is NOT the data subject, complete the below:***

|  |  |  |
| --- | --- | --- |
| Are you acting on behalf of the data subject with their written consent or in another legal authority?  | Yes  | No  |
| If ‘Yes’ please state your relationship with the data subject (e.g. parent, legal guardian or solicitor)  |   |  |
| Has proof been provided to confirm you are legally authorised to obtain the information? (e.g. letter of authority)  | Yes  | No  |

***If you are a parent, we expect to be provided with proof of parental responsibility before releasing personal data of your child.***

|  |  |
| --- | --- |
| Title  |   |
| Surname  |   |
| First Name(s)  |   |
| Current Address  |   |
| Telephone (Home)  |   |
| Telephone (Work)  |   |
| Telephone (Mobile)  |   |
| Email address  |   |

# B) Declaration

I hereby request that St Thomas More RC College provide me with the information about the data subject above.

Name …………………………………………………

Signature: …………………………………………………

Date: …………………………………………………