

**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: …………………………………………………