# Data Subject Access Request Form

1. **Identity**

If you are requesting personal data of which you are the subject you must supply a photocopy of proof of identity with this form, such as passport, driving licence or University I.D card.

If you are requesting personal data on behalf of a subject you must describe you relationship to the subject, supply (a) written signed authority of the subject, and (b) a photocopy of proof of the subject’s identity with this form, such as passport, driving licence or University I.D card.

# Personal Details of Subject

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **Forename(s)** | | **Surname** |
| **Any previous name known to the University** | | | |
| **Date of birth** | | **Current telephone number** | |
| **Current address** | | **Current email address** | |
| **Relationship to university** | | **Start and end dates of employment/education at University of Lincoln** | |
| **Student/staff I.D. number & college/department** | |
| **Detailed description of personal data requested** | | | |

**Any other information that could help identify your personal data**

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

If you are a third party requesting personal data on behalf of the subject, please supply your contact details and describe your relationship to the subject

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **Forename(s)** | | **Surname** |
| **Address** | | **Telephone number** | |
| **Email address** | |
| **Relationship to subject** | | | |

# Declaration

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

I request that the University of Lincoln provide me with a copy of personal data relating to the subject named in Section 2 of this form.

I enclose the following:

**A photocopy of the data subject’s proof of identity**

**Written and signed authority of the subject (third parties only)**

|  |  |  |
| --- | --- | --- |
| **Signed** | **Please print name** | **Date** |

**Please send completed forms to:**

Information Compliance team: [compliance@lincoln.ac.uk](mailto:compliance@lincoln.ac.uk) Alternatively, you may post your form to:

Secretariat Academic Registry University of Lincoln Brayford Pool,

Lincoln, Lincolnshire. LN6 7TS