Subject Access Request Form

The General Data Protection Regulation (GDPR) provides you, the data subject, with a right to receive a copy of the data or information we hold about you or to authorise someone to act on your behalf. If you wish to see your data, please complete the below form. You will also need to provide proof of identity. Your request will be processed within 30 calendar days upon receipt of a fully completed form and proof of identity.

**Proof of identity**

We require proof of your identity before we can disclose personal data. Proof of your identity should include a copy of two documents such as your birth certificate, passport, driving licence or an official letter addressed to you at your address (eg bank statement, recent utility bill or council tax bill). The documents should include your name, date of birth and current address.

**Administration fee**

The Union’s policy is not to charge for this process.

Section 1: Data subject

Please complete your details, the data subject, below. If you are not the data subject, and are applying on behalf of someone else, please complete the details on the data subject below and not your own.

|  |  |
| --- | --- |
| Title: | Click here to enter text. |
| Last name: | Click here to enter text. |
| First name(s): | Click here to enter text. |
| Date of birth: | Click here to enter text. |
| Address | Click here to enter text. |
| Postcode: | Click here to enter text. |
| Daytime contact number: | Click here to enter text. |

**Identification**

I am enclosing the following copies, as proof of identity:

Birth certificate [ ] Driving licence [ ] Passport [ ] Official letter to my address [ ]

**Personal information**

If you only want to know what information is held in specific records, please indicate in the box below. Please tell us if you know in which capacity the information is being held together with any names or dates you may have. If you do not know the current name of the department, just tell us what you do know. If you do not know exact dates, please give the year(s) that you think might be relevant.

|  |
| --- |
| Click here to enter text. |

**Employment records**

If you are now, or have been, employed by Bucks Students’ Union and are seeking personal information in relation to your employment, please provide details of your department, role and dates of employment.

|  |
| --- |
| Click here to enter text. |

Section 2: Representation

If you are acting on behalf of someone else, please complete this section with your details.

If you are not the data subject, but an agent appointed on their behalf, you will need to provide evidence of your identity as well as that of the data subject and proof of your right to act on their behalf.

|  |  |
| --- | --- |
| Title: | Click here to enter text. |
| Last name: | Click here to enter text. |
| First name(s): | Click here to enter text. |
| Date of birth: | Click here to enter text. |
| Address | Click here to enter text. |
| Postcode: | Click here to enter text. |
| Daytime contact number: | Click here to enter text. |

**Identification**

I am enclosing the following copies, as proof of identity:

Birth certificate [ ] Driving licence [ ] Passport [ ] Official letter to my address [ ]

**Relationship with the data subject**

Please describe below your relationship with the data subject eg parent, carer, legal representative

|  |
| --- |
| Click here to enter text. |

**Authorisation**

I am enclosing the following copy as proof of legal authorisation to act on behalf of the data subject:

[ ] Letter of authority

[ ] Lasting or enduring power of attorney

[ ] Evidence of parental responsibility

[ ] Other: (please specify) Click here to enter text.

Section 3: Declarations

**Data subject declaration**

I certify that the information provided on this form is correct to the best of my knowledge and that I am the person to whom it relates. I understand that Bucks Students’ Union if obliged to confirm proof of identity/authority and it may be necessary to obtain further information in order to comply with this subject access request.

|  |  |
| --- | --- |
| Name: | Click here to enter text. |
| Signature: | Click here to enter text. |
| Date: | Click here to enter text. |

**Or** (if applicable)

**Authorised declaration**

I confirm that I am legally authorised to act on behalf of the data subject. I understand that I am obliged to confirm proof of identity/authority and it may be necessary to obtain further information in order to comply with this subject access request.

|  |  |
| --- | --- |
| Name: | Click here to enter text. |
| Signature: | Click here to enter text. |
| Date: | Click here to enter text. |

**Warning: a person who unlawfully obtains or attempts to obtain data is guilty of a criminal offence and is liable to prosecution.**

Section 4: Actions

Please detail how you would like to receive your information:

[ ] Receive the information in electronic format

[ ] Receive the information by post\*

[ ] Collect the information in person

[ ] View a copy of the information only

[ ] Go through the information with a member of staff

\*Please be aware that if you wish us to post the information to you, we will take every care to ensure that it is addressed correctly. However, we cannot be held liable if the information is lost in the post or incorrectly delivered or opened by someone else in your household. Loss or incorrect delivery may cause you embarrassment or harm if the information is sensitive.

Please send your completed form and proof of identity to:

Data Protection Officer

Bucks Students’ Union

Queen Alexandra Road

High Wycombe

Buckinghamshire

HP11 2JZ