

SUBJECT ACCESS REQUEST FORM

PURSUANT TO ARTICLE 15 OF THE GENERAL DATA PROTECTION REGULATION

1. Details of the person requesting information

Full name:
 Address:
 Telephone: Mobile: Email address:
 Student Number * or Staff ID *:
 School/Department of Study/Employment:
 Dates of Study/Employment: From To
 * If applicable

2. Are you the Data Subject?

YES

If you are the Data Subject please supply evidence of your identity, e.g. Photocopy of your driving licence, or Passport and if necessary a stamped addressed envelope for returning the document (please go to Question 5)

NO

Are you acting on behalf of the Data Subject with their written authority? If so that authority must be enclosed (please complete questions 3 and 4).

3. Details of the person requesting information (if different to 1)

Full name:
 Address:
 Telephone: Mobile: Fax No:
 Email address:
 Student Number or Staff ID:
 School/Department of Study/Employment:
 Dates of Study/Employment: From To

4. Please describe your relationship to the Data Subject that leads you to make this request for information on their behalf

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5. To ensure you obtain the information you require please provide, where possible, precise details of the information and its likely location (i.e. specific documents, department or school where it is likely to be held or staff likely to be in possession of the information requested) etc

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Please note that the University reserves the right to obscure or suppress information that relates to other third parties

6. In the absence of precise descriptions of the information requested a more general search will be conducted please note that the University will normally search the following departments for personal data:

For Students

Student Administration, Student Finance, Faculty Office, Information Technology Services and any academic unit that Data Subject studied with as part of their studies.

For Staff

Human Resources, Finance, Information Technology Services, and any department/school in which the Data Subject has worked.

Please indicate below any other schools/departments with which you have been in contact and which you would like to be searched for personal data

Other(s) please specify below:

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Declaration

I....., certify that the information given on this application form to, The Robert Gordon University is true.

I understand that it is necessary for the University to confirm my/Data Subject's identity and it may be necessary to obtain more detailed information in order to locate the correct information.

Signed Date

Please return the completed form to:

The Information Governance Officer, Planning & Policy Development, The Robert Gordon University, , Aberdeen, AB10 7QB

Documents which must accompany this application are :

- Evidence of your identity
- Evidence of the Data Subject's identity (if different)
- Evidence of the Data Subject's consent to disclosure to a Third party (if required as above)
- A Stamped Addressed Envelope for return of proof of identity documents, if appropriate.

Office Use Only

Ref No

Date Requested Date Due

Notes
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