**Data Protection** 

# Subject Access Request Form

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| **Q1. Details of the person requesting the information:** Full Name:…………………………………………….. Date of Birth: ……………………… Address: ……………………………………………………………………………………………  …………………………………………………………………………………………… Telephone number: ………………………………… Fax number: ………………………. Email address: …………………………………………………………………………………….  |
| **Q2. Are you the Data Subject?** **Tick (****)**  Yes. Please supply proof of your identity (ie. ID card, driving licence, birth certificate, passport. Photocopies are acceptable) and if necessary, a stamped addressed envelope for returning your documentation. (**Go to Q5**)  No. **Complete Q3 and Q4**  |
| **Q3. Details of the Data Subject (if different to Q1 above):** Full Name:…………………………………………….. Date of Birth: ……………………… Address: ……………………………………………………………………………………………  …………………………………………………………………………………………… Telephone number: ………………………………… Fax number: ………………………. Email address: …………………………………………………………………………………….  |

**Q4. Describe your relationship with the Data Subject that leads you to make this request for information.**

If you are not the Data Subject you must enclose their written authority allowing you to make this request.

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# Subject Access Request Form

**Q5. Please state the area of University records that you want this subject access request to cover. Please be as precise as possible.**

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| **I enclose the following:** **Tick (****)**  Administrative fee (if applicable) (cheque made payable to the ‘University of Bolton’) Proof of your identity  Proof of Data Subject’s identity (if different from above)  Written authority of Data Subject’s consent to disclose to a third party (if required)  Stamped addressed envelope for return of proof of identity/authority documents, where required.  |

**Declaration:**

I …………………………............, certify that the information given on this application form is true and accurate. I understand that it is necessary for the University of Bolton to confirm my / Data Subject’s identity and that it may be necessary to obtain more detailed information in doing so.

Signed……………………………………………. Date………………………………….

Please return the completed form to: Data Protection Officer dpo@bolton.ac.uk