**Stony Dean School**

**Subject Access Record**

**DATA SUBJECT REQUEST DETAILS:**

|  |  |
| --- | --- |
| Date of SAR Request: |  |
| Full Name: |  |
| Current Address: |  |
| Phone Number:  |  |
| Email Address: |  |
| Date of Birth: |  |
| ID (proof of you being the data subject must be provided)* Must be photo ID (i.e. passport)
* Must be proof of address (i.e. utility bill)
 |  |
| What Data are you Requesting? |  |

**REASON FOR REQUEST:**

|  |  |
| --- | --- |
| 1. Are you the data subject? IF yes, disregard 2-4 below | Yes [ ] No [ ]  |
| 1. Are you acting on behalf of the data subject with their consent?
 | Yes [ ] No [ ]  |
| 1. What consent was provided to you? – i.e. verbal / written
 |  |
| 1. What is your relationship with the data subject (e.g. legal representative / parent)
 |  |

**DECLARATION:**

I, ………………………………………………………, the undersigned confirm that I am the person identified above or are acting on behalf of the person identified above, hereby request that Stony Dean School provide me with the data described in this request.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SAR Form Completed By (Employee Name):

I, ………………………………………………………, the undersigned and the person identified above, hereby request that Stony Dean School provide me with the data about the data subject as requested.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***This form must immediately be forwarded to Stony Dean School’s Data Protection Officer***.