**Access to Information (Subject Access Request) Form**

Data Subject name: …………………………………………………

*Date requested: …………………………………………………..*

Request the data that the College currently has about me, either as part of a computerised system or part of a relevant paper-based filing system.

Or:

*Member of staff name (where DSAR requested): ……..………………………………………...*

*Name of Data Subject: ……………………………………………………………………………..*

*Date submitted to DPO:.…………………………………………………………………………….*

Request access to the data that the College currently has about the data subject either as part of a computerised system or part of a relevant paper-based filing system.

*(Please specify the categories of data requested in the box below, i.e. academic marks or course work details, from x date to y date, other information) NB the list is not exhaustive and must accurately detail the data requested. If data is not accurately specified, the DPO may seek further clarification to enable the DSAR process to commence.*

|  |  |
| --- | --- |
| *Please ensure that details of specific information requirements are noted in the box in order to facilitate the request. Please seek advice from a member of staff if you are unsure.* |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I am (please tick): |  | Student |  | Member of staff |
|  |  | Other please specify |  |  |

………………………………………………………………

Upon request and receipt of the DSAR, please submit to the DPO at [dataprotection@dncolleges.ac.uk](mailto:dataprotection@dncolleges.ac.uk) within 48 hours.

While the College will endeavour to comply with data subject access requests as quickly as possible, it is able to respond more effectively to specific requests than general requests. In all cases, the request will be processed within the 30 day limit specified under the Act. The time limit for response can be extended by a further two months if the request is complex or multiple SARs have been received from the same individual, but notice of the extension must be given within the original one month limit.

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| --- |
| Name *(please print)* |
| Contact telephone number/email |
| Address |
| Signed Date |
| I hereby authorise ……………………………………….. Parent/Guardian to request my personal data collection.  Signed Date |
| **After identification has been verified, this form must be forwarded to the designated data protection officer, within 48 hours of receipt.** [**dataprotection@dncolleges.ac.uk**](mailto:dataprotection@dncolleges.ac.uk) |