YOUR LOGO HERE Subject Access Request Register [Company Name]

Requests from data subjects to exercise their right of access under the GDPR should be recorded here. See the Data Subject Request Procedure for more detail about the handling of requests.

Date of request	Title	Name	Full Address	Email Address	Contact Number	Request made by someone else on data subject's behalf?	Do they have legal authority or written pemission	State the relationshio with the data subject	Has legal proof of authorisation been enclosed with the request?	Full Name (including Title)	Address of Requestor	Requestor Email Address	Requestor Contact Number	Full data request?	Request details	Data range	is the request for all time?	Identity confirmed	Validity assessment	Charge applied	Time extensions	Action taken	Redactions	Request status	Closure date Po	ost closure documentatio
The date that the request received. This can be important as there are timilinits on responses to son types of request	subject's e preferred title	name of the data e subject		provided by the data	supplied by the data subject	the subject access	If yes to the question in column G, state whether or not this person ha written or legal authority to make this request	s column H, state the relationship this person has with the data	has provided proof of the legal authorisation to obtain information on behalf of the data		The requestor's address details			Is this a request for all information?		State the date range that the data subject provided	Has the data subject requested for information from all time?	subject's identity been confirmed via one or more of the	An assessment by an appropriate person within the organisation as to whether the request is legally valid and should be compiled with. Reasons for validity or non- validity must be stated	for complying with the request? If so, state the amount of		organisation with regard to this at request	Record any redactions that may have been made	fe status of the request e.g.	date that the Si request was si closed (ii w	confirm that a copy of the AR information sent to data ubject has been made notuding redactions) along ith the completed SAR form nd letter in response to the ata subject.
dd/mm/yyyy	Mr	John Doe	25 Data Street, Rightown		12345678	No	N/A	N/A	N/A					Yes	Mr. Doe would like to view hi health history that we have stored within our practice	s N/A	Yes	Yes	Valid under article 22 of the GDPR 2016	No	None	Application assessed manually by practice manager on dd/mm/yyyy and information sent to patient.	None	Closed	dd/mm/yyyy Y	