|  |  |
| --- | --- |
| your logo here | [Company Name] |

# Data Subject Access Request Form (Article 15 of the General Data Protection Regulation)

## Data Subject Details

|  |  |  |
| --- | --- | --- |
| Title: | Choose an item. | |
| Full Name: | |  |
| Address: |  | |
| Town/City |  | |
| County |  | |
| Postcode |  | |
| Email Address: |  | |
| Contact Number: |  | |
| Form of identification (driving license or passport) |  | |

## Please complete if request is made by someone acting on behalf of the above data subject

|  |  |  |  |
| --- | --- | --- | --- |
| Are you acting on behalf of the data subject with their written or other legal authority? | | | Yes  No |
| If ‘Yes’ please state your relationship with the data subject (e.g. parent, legal guardian or solicitor) | | |  |
| Please confirm you have enclosed proof that you are  legally authorised to obtain this information | | | Yes  No |
| Title: | Choose an item. | | |
| Full Name: | |  | |
| Address: |  | | |
| Town/City |  | | |
| County |  | | |
| Postcode |  | | |
| Email Address: |  | | |
| Contact Number: |  | | |

## Type of Request

|  |  |
| --- | --- |
| **Full data request (all data held):** | Yes  No |
| **Specific data request:**  (This will make it easier for to gather the information you require) |  |
|  | |
|  | |

**Please specify the date range (of information required):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| From: |  |  | To: |  |
| All time: | Yes  No |  |  |  |

**Variant Expressions of Name**

Please set out any variant spellings of your name, nicknames and alternative email addresses:

|  |  |
| --- | --- |
|  |  |
| Signature | Date |

Once completed, this form should be submitted via email to Click here to enter text. or posted to:

Click here to enter text.