

This form should be used when requesting a copy of personal information held by St George's University of London. If you have any other queries regarding the completion of this form please email them to [dataprotection@sgul.ac.uk](mailto:dataprotection@sgul.ac.uk)

Data Subject's Details			
Surname		Forename(s)	
Former Surname (where relevant)			
Address			
		Postcode	
Telephone No.		Email Address	

Relationship of Data Subject to the University			
Current Staff	Former Staff	Current Student	Former Student
Other	Please specify, e.g. applied to work / study at University, consultant, supplier, external examiner etc., and include details of job vacancy / course, dates, other relevant information		
Current or Former Student			
Course Title / Degree			
Student Number		Year of enrollment	
Name when registered (if different to above)			
Current or Former Staff Member			
Job Title / Role			
Division or Department			
Employee Number		Leaving Date (if applicable)	
Name when employed (if different to above)			



## Data Requested

If you are requesting access to specific information about yourself please provide details of that information in the 'Notes' box at the end of this section.

For general requests we will usually search the following areas as standard

<b>Staff</b>	Human Resources, Finance, Governance Legal & Assurance Services, Estates & Facilities
<b>Students</b>	Registry, Institute of Medical & Biomedical Education, Finance, Governance Legal & Assurance Services, Estates & Facilities

Please indicate which other areas of the University you believe your data may be held in. Tick all that apply.

Professional Services		Faculties & Institutes	
Counselling Service	<input type="checkbox"/>	Institute of Medical & Biomedical Education (includes courses previously managed via the Faculty of Healthcare, Social Care & Education)	<input type="checkbox"/>
Joint Research & Enterprise Office	<input type="checkbox"/>		<input type="checkbox"/>
External Relations, Communications & Marketing (includes Alumni)	<input type="checkbox"/>	Institute of Molecular & Clinical Sciences	<input type="checkbox"/>
		Population Health Research Institute	<input type="checkbox"/>
Planning Unit	<input type="checkbox"/>	Infection & Immunity Research Institute	<input type="checkbox"/>
Education Operations & Programme Management	<input type="checkbox"/>	<b>Information Services</b>	
Vice Chancellor's Office (includes Chief Operating Officer and the University Council)	<input type="checkbox"/>	Corporate Information Services	<input type="checkbox"/>
		Digital Services	<input type="checkbox"/>
Quality & Partnerships	<input type="checkbox"/>	IT Services	<input type="checkbox"/>
Research Operations	<input type="checkbox"/>	Library & Learning Services	<input type="checkbox"/>
Safety, Health & Environment	<input type="checkbox"/>	Other (please specify below)	<input type="checkbox"/>

### Notes

Please use this box to provide more detailed information about your request – continue on a separate sheet if necessary



## Supporting Documentation

Are you the data subject? i.e. the individual to whom the information being requested relates

<b>YES</b>	<p>If you are the data subject you must attach a <b>clear scanned copy</b> of <u>one</u> of the following forms of photo ID:</p> <ul style="list-style-type: none"> <li>- SGUL staff or student ID</li> <li>- photo driving licence</li> <li>- passport</li> </ul>		
<b>NO</b>	<p>If you are an agent or representative acting on behalf of the data subject you must attach the following to this form:</p> <p>1) A <b>clear scanned copy</b> of <u>one</u> of following as proof of the <i>data subject's</i> identity:</p> <ul style="list-style-type: none"> <li>- the data subject's SGUL staff or student ID</li> <li>- the data subject's photo driving licence</li> <li>- the data subject's passport</li> </ul> <p>2) Signed authority of the data subject authorising us to disclose their data to you</p> <p>If you work for an organisation acting on behalf of the data subject you must submit the request either from an official work email account or by post on official company headed paper.</p> <p>You must also provide your personal details in the section below</p>		
	Full Name		
	Address		
		Postcode	
	Telephone		Email
	Relationship to data subject		

## Declaration

I, \_\_\_\_\_, certify that the information on this application form is true. I understand it is necessary for the University to confirm my / the Data Subject's identity before disclosing any personal data, and that it may be necessary to obtain further details from me in order for the University to locate the relevant information.

Signed		Date	
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Please return the completed form, along with all the required supporting documentation, to the **Data Protection Officer, IT Services, St George's University of London, Tooting, London SW17 0RE**

