

**Right Of Access Request Form
Art 15. General Data Protection Regulation**

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

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

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| **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) |   |

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| **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  |
| **Staff** | Human Resources, Finance, Governance Legal & Assurance Services |
| **Students** | Registry, Institute of Medical & Biomedical Education, Finance, Governance Legal & Assurance Services |
| 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 |  | Faculty of Healthcare, Social Care and Education |  |
| Estates & Facilities |  | Institute of Medical & Biomedical Education |  |
| External Relations, Communications & Marketing (includes Alumni) |  | Institute of Molecular & Clinical Sciences |  |
| Population Health Research Institute |  |
| Finance |  | Infection & Immunity Research Institute |  |
| Governance, Legal & Assurance Services  |  | **Information Services** |
| Human Resources |  | Corporate Information Services |  |
| Joint Research & Enterprise Office |  | Digital Services |  |
| Planning Unit |  | IT Services |  |
| Registry |  | Library & Learning Services |  |
| Safety, Health & Environment |  | Other (please specify below) |  |
| **Notes** Please use this box to provide more detailed information about your request – continue on a separate sheet if necessary |
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| **Supporting Documentation** |
| **Are you the data subject?** i.e. the individual to whom the information being requested relates |
|  | **YES**  | If you are the data subject you must attach a ***clear scanned copy*** of one of the following forms of photo ID:- SGUL staff or student ID- photo driving licence- passport |
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|  | **NO**  | If you are an agent or representative acting on behalf of the data subject you must attach the following to this form:1) A ***clear scanned copy*** of one of following as proof of the *data subject’s* identity:- the data subject’s SGUL staff or student ID- the data subject’s photo driving licence- the data subject’s passport 2) Signed authority of the data subject authorising us to disclose their data to you3) A ***clear scanned copy*** of one of the following items as proof of *your* identity: - your SGUL staff or student ID (if applicable)- your photo driving license- your passport |
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|  | You must also provide your personal details in the section below |
|  | Full Name |   |
|  | Address |   |
|  |   | Postcode |   |
|  | Telephone |   | Email |   |
|  | Relationship to data subject |   |

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| **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 |   |

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**