

**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](mailto:dataprotection@sgul.ac.uk)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | | | |
|  |  | |
|  | | **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 you 3) 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 | | | | | |
|  | |  |
|  | | | 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**