

**Subject Access Request Form (CCTV) 2025 - 2027**

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| The Data Protection Act 2018 gives individuals a right of access to their Personal Data which is held by the College. In order for us to process such a request, please complete and return this form to the address below. If you have any queries, please contact the College’s Legal and Compliance Adviser by phone on 01904 772238 or by email [jethro.powell@askham.bryan.ac.uk](mailto:jethro.powell@askham.bryan.ac.uk) . | |
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**1. Details of the Data Subject** *(i.e. the person who is the subject of the Personal Data)*

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| --- | --- | --- | --- |
| Full name: |  | | |
| Address: |  | | |
|  | | |
| Telephone number: |  | | |
| Email address: |  | | |
| Relationship to the  College (eg “current student” or “job applicant”): | |  | |
| Student number or staff payroll number  (if applicable): |  | | |
| If you are a member of staff, do you mind being contacted by internal email/phone about this request? | | | ❑ Yes ❑ No |

**2. Are you the Data Subject?** ❑ Yes ❑ No

**YES:** If you are the Data Subject please supply evidence of your identity, e.g. a photocopy of your student card, staff card or driving licence.

**NO:** Are you acting on behalf of the Data Subject with their written authority? If so, that authority must be enclosed. We reserve the right to verify this directly with the Data Subject. If you do not have the Data Subject’s written authority, what other legal justification have you for seeking access to this data?

**Please note that the College may request additional information to confirm the identity of the data subject and/or requester as necessary.**

**3. Details of the person making the request (if different from question 1)**

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| --- | --- |
| Full name: |  |
| Address: |  |
|  |
| Telephone number: |  |
| Email address: |  |

**4. Please describe the information that you are seeking, together with any other relevant information which will help us to identify the information you require. You should provide as much detail as possible.** Attach an additional sheet if necessary.

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**5. Declaration. To be completed by all applicants.**

I confirm that the information given on this form is accurate and complete. I understand that it is necessary for the College to be satisfied as to the identity of the Data Subject and/or the person making the request, and it may be necessary to obtain more detailed information in order to locate the correct Personal Data.

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| **Signature:** |  |
| **Date:** |  |

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| Please return the completed form to the address on the previous page. You must enclose:   * evidence of your identity * evidence of the Data Subject’s identity (if different) * authorisation from the Data Subject to act on their behalf (if applicable) |