

SUBJECT ACCESS REQUEST FORM

Please complete this form to request the personal information that London South East Colleges is processing about you or someone you represent in line with the General Data Protection Regulations (GDPR).

PART 1: DETAILS ABOUT THE PERSON WHO THE INFORMATION RELATES TO

Title: Mr Mrs Miss Ms Other

First Name:

Previous surname:
(if applicable)

Surname:

Date of Birth
(DD/MM/YYYY)

Current address:

Current postcode:

If your address was different when you last engaged with the college, please let us know the details of that address below:

Previous address:

Previous postcode:

Nature of relationship with London South East Colleges: Former Student Current Student Stakeholder

Employer Family Member

Please provide a copy of one of the following as proof of your identity (tick which one applies). Please note that copies of identification will be destroyed immediately once your identity has been confirmed.

Driving License Marriage Certificate Passport Birth Certificate College ID Card Other ID

If other, please specify:

Please provide a copy of one of the following as proof of your address (tick which one applies). Please note that copies of your address will be destroyed immediately once confirmed.

Driving License Utility Bill Bank Statement

PART 2 - ARE YOU REQUESTING INFORMATION ABOUT YOU (I.E ARE YOU THE DATA SUBJECT)? PLEASE TICK WHICH ONE APPLIES.

Yes, the information I'm requesting is about me, please complete the below and go to part 4

No, the information I'm requesting is about someone else - if so please go to part 3

Please provide details of the information you require:

PART 3 - ONLY TO BE COMPLETED BY PERSONS ACTING ON BEHALF OF THE DATA SUBJECT, WHO IS IDENTIFIED IN PART 1

Title: Mr Mrs Miss Ms Other

First Name:

Surname:

Address:

Postcode:

Please provide a copy of one of the following as proof of your identity (tick which one applies).

Driving License Passport Other If other, please specify:

As you need to have legal authority to request the data subject's information, please provide a copy of ONE of the following:

Letter of authority Lasting power of attorney Other If other, please specify:

Please provide details of the information you require:

PART 4 - DECLARATION (PLEASE COMPLETE THIS SECTION BY HAND)

I certify that the information provided on this form is true and correct (please tick):

Date:

Signature:

PART 5 - SUBMISSION OF REQUEST

Information is generally provided free of charge. A reasonable fee may be charged if the request is deemed to be manifestly unfounded or excessive.

To submit your request, please print out this form and send it, along with copies of the documents that have been highlighted in this form, to:

Jennifer Pharo
Data Protection Controller
London South East Colleges - Bromley Campus
Rookery Lane, Bromley
BR2 8HE

We will respond to your request no later than one month after the date it has been received. Please note that London South East Colleges reserves the right to obscure or suppress information that relates to other third parties.