

SUBJECT ACCESS REQUEST FORM
PURSUANT TO 2.7 OF THE DATA PROTECTION ACT 1998

<p>1. Details of the person requesting information</p> <p>Full name:</p> <p>Address:</p> <p>.....</p> <p>Telephone: Mobile: Fax No:</p> <p>Email address:</p> <p>Student Number * or Staff ID *:</p> <p>School/Department of Study/Employment:</p> <p>Dates of Study/Employment: From To</p> <p>* If applicable</p>
<p>2. Are you the Data Subject?</p> <p>YES</p> <p>If you are the Data Subject please supply evidence of your identity, e.g. Photocopy of your driving licence, or Passport and if necessary a stamped addressed envelope for returning the document (please go to Question 5)</p> <p>NO</p> <p>Are you acting on behalf of the Data Subject with their written authority? If so that authority must be enclosed (please complete questions 3 and 4).</p>
<p>3. Details of the person requesting information (if different to 1)</p> <p>Full name:</p> <p>Address:</p> <p>.....</p> <p>Telephone: Mobile: Fax No:</p> <p>Email address:</p> <p>Student Number or Staff ID:</p> <p>School/Department of Study/Employment:</p> <p>Dates of Study/Employment: From To</p>
<p>4. Please describe your relationship to the Data Subject that leads you to make this request for information on their behalf</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>5. If you wish to see only certain specific document(s), viz a specific departmental file etc please describe these below</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Please note that the University reserves the right to obscure or suppress information that relates to other third parties (under Section 7 of the Data Protection Act 1998).</p>

6. If you would like a more general search conducted please note that the University will normally search the following departments for personal data:

For Students

Student Administration, Student Finance, Faculty Office, Information Technology Services and any academic unit that Data Subject studied with as part of their studies.

For Staff

Human Resources, Finance, Information Technology Services, and any department/school in which the Data Subject has worked.

Please indicate below any other schools/departments with which you have been in contact and which you would like to be searched for personal data

Other(s) please specify below:

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Declaration

I....., certify that the information given on this application form to, The Robert Gordon University is true.

I understand that it is necessary for the University to confirm my/Data Subject's identity and it may be necessary to obtain more detailed information in order to locate the correct information.

Signed Date

Please return the completed form to :

The University Records Manager and Information Compliance Officer, Records Management, The Robert Gordon University, Schoolhill, Aberdeen, AB10 1FR

Documents which must accompany this application are :

- Evidence of your identity
- Evidence of the Data Subject's identity (if different)
- Evidence of the Data Subject's consent to disclosure to a Third party (if required as above)
- A fee of £10 (cheques to made payable to, The Robert Gordon University).
- A Stamped Addressed Envelope for return of proof of identity documents, if appropriate.

Office Use Only

Ref No

Date Requested Date Due

Notes
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