**Data Protection Act 2018** 

**Subject Access Request Form**

**1. Personal Details of Subject**

|  |  |  |  |
| --- | --- | --- | --- |
| Title | Forename(s) | | Surname |
| Any previous name known to the University | | | |
| Date of birth | | Current telephone number | |
| Current Address | | Current email address | |
| Relationship to University of Bath | | Start and end dates of employment /education at the University of Bath (if applicable) | |
| Student/Staff ID number and Faculty/Department (if applicable) | |
| Any other information that could help identify your personal data | | | |

**2. Alternative Contact Details (where the requester is not the data subject)**

Only Complete this section if you are **not** the data subject, e.g. you are requesting data relating to another person.

|  |  |  |  |
| --- | --- | --- | --- |
| Title | Forename(s) | | Surname |
| Address | | Telephone number | |
| Email address | |
| Relationship to data subject | | | |

**3. Records Required (PLEASE COMPLETE ALL SECTIONS)**

**A. Please tick the category into which your enquiry falls**

|  |  |
| --- | --- |
| Category | ✔ |
| Academic marks or course work details |  |
| Disciplinary records |  |
| Grievance records |  |
| Other HR related documents |  |
| Health and medical matters |  |
| Political, religious or trade union information |  |
| Personal details, e.g. name, address and date of birth |  |
| Counselling records |  |
| Other (please specify or describe if possible) |  |

**B. Please describe the information you seek in as much detail as possible. This will help us identify the data you require. For example, ‘Information relating to me contained in the Board of Examiners meeting of …’ or ‘emails about me relating to x matter sent by A.N. Other between 04/2023 and7’.**

|  |
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|  |

**C. Sections / Departments to search**

**Please tick below which (if any) of the following sections/departments the documents you are seeking may be found or which you would like us to search.**

|  |  |
| --- | --- |
| Section / Department | Search  (✔) |
| Your School / Faculty (please specify the name) |  |
| Human Resources |  |
| Academic Registry |  |
| Admissions (please specify if undergraduate or postgraduate) |  |
| Campus Infrastructure |  |
| Campus Services |  |
| Careers Service |  |
| Centre for Learning and Teaching |  |
| Dept. of policy planning and Compliance |  |
| Dept. of Communications / Marketing |  |
| Development and Alumni Relations |  |
| Digital Data & Technology |  |
| Doctoral Training School |  |
| Finance and Procurement |  |
| Governance and Strategic Project Office |  |
| International Relations |  |
| Library |  |
| Research and Innovation Services |  |
| Skills Centre |  |
| Security Office |  |
| Student Discipline Team |  |
| Student Immigration Service |  |
| Student Support |  |
| Vice-Chancellor’s Office |  |
| Widening Participation Office |  |
| The Sports Training Village |  |
| Other (please specify if possible) |  |

**4. Identity**

4.1 If you are requesting your own personal data, please supply a photocopy of proof of identity with this form, such as passport, driving licence or University ID card.

4.2 If you are requesting personal data on behalf of someone else, please describe in section 2 your relationship to the subject, and supply with this form:

(a) written signed authority from the data subject;

(b) a photocopy of proof of the data subject’s identity, such as their passport, driving licence or University ID card.

**5. Declaration**

I certify the information provided in this form is accurate to the best of my knowledge. I accept that the University will take reasonable steps to establish identity prior to release of personal data.

I request that the University of Bath provides me with a copy of personal data relating to the subject named in Section 1 of this form.

I enclose the following:

~~□~~ A photocopy of the data subject’s proof of identity;

□ Written and signed authority of the data subject (if I am not the data subject).

|  |  |  |
| --- | --- | --- |
| Signed | Please print name | Date |