

Data Subject Access Request Form

Name:
Daytime telephone number:
Email:
Address:
By completing this form, you are making a request under the General Data Protection Regulation (GDPR) for personal data held about you by the College that you are eligible to receive.
Information requested (and any relevant dates): <i>[Example- Confirmation that Churchill College is processing my personal data, the reasons for processing it and whether my data is shared with third parties]</i>
<p>By signing below, you indicate that you are the individual named above. The College cannot normally accept requests regarding your personal data from anyone else, including family members. We may need to contact you for further identifying information before responding to your request. You warrant that you are the individual named and will fully indemnify us for all losses, cost and expenses if you are not.</p> <p>If you have any questions about how to fill in this form, please contact the College Data Protection Lead. Please also return your completed form to the College Data Protection Lead (information@chu.cam.ac.uk).</p> <p>Please note that subject access requests are answered within a calendar month of receipt of the request.</p>
Data subject's signature:
Date: