**Data Subject Access Request Form**

Article 15 of the EU General Data Protection Regulation (Regulation (EU) 2016/679) (GDPR) grants you the right to access your personal data held by Trinity College London (‘Trinity’). It includes the right to obtain confirmation that we process your personal data, receive certain information about the processing of your personal data, and obtain a copy of the personal data we process. We recommend that you submit your request to us in writing using this form. Alternatively, you may make a verbal request and provide us with the information to complete the form on your behalf.

In line with the GDPR regulations, we expect to respond to your request within **one month** of receipt of a fully completed form and proof of identity.

In addition to exercising your access right, the GDPR also grants you the right to:

* Request correction or erasure of your personal data
* Restrict or object to certain types of data processing
* Make a complaint with the local data protection authority

For more information on your rights under the GDPR, see **Trinity’s Privacy Statement**, which is available at [www.trinitycollege.com/privacy](http://www.trinitycollege.com/privacy) and the **Data Subject Access Policy** which is available at <http://www.trinitycollege.com/page/data-protection>

1. **DATA SUBJECT DETAILS**

Please provide your contact information in the space provided below. If you are making this request on behalf of someone, you should provide your name and contact information in Section 2.

Please note, we will only use the information you provide on this form to identify you and the personal data you are requesting access to, and to respond to your request.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title:** | Mr | Mrs | Miss | Ms | Other: |
| **Surname:** |  | | | | |
| **Forename(s):** |  | | | | |
| **Date of birth:** |  | | | | |
| **Current address:** |  | | | | |
| **Telephone number:** |  | | | | |
| **Home** |  | | | | |
| **Work** |  | | | | |
| **Mobile** |  | | | | |
| **Email address:** |  | | | | |
| **Details of identification provided to confirm name of data subject:** |  | | | | |
| **Nature of your connection with Trinity:** |  | | | | |

**Proof of Identity**

Unless we already hold it, we require proof of your identity before we can respond to your access request. To help us establish your identity, you must provide identification that clearly shows your name, date of birth and current address. We accept a photocopy or a scanned image of one of the following:

* Passport
* Photo identification such as a driver’s licence, national identification number card, or birth or adoption certificate

Please also attach a copy of a bank or credit card statement or utility bill showing your current address and dated within the last **three months**.

If you have changed your name, please provide the relevant documents evidencing the change.

Please note, we may request additional information from you to help confirm your identity and your right to access, and to provide you with the personal data we hold about you. We reserve the right to refuse to act on your request if we are unable to identify you.

If you do not have any of these forms of identification available, please contact Trinity’s Data Protection Officer on [dpo@trinitycollege.com](mailto:dpo@trinitycollege.com) for advice on other acceptable forms of identification.

1. **DETAILS OF PERSON REQUESTING INFORMATION (IF NOT THE DATA SUBJECT)**

|  |  |
| --- | --- |
| Are you acting on behalf of the data subject with their written or other legal authority? | Yes  No |
| If ‘Yes’ please state your relationship with the data subject (e.g. parent, legal guardian or solicitor) |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please enclose proof that you are legally authorised to obtain this information.** | | | | | |
| **Title:** | Mr | Mrs | Miss | Ms | Other: |
| **Surname:** |  | | | | |
| **First name(s):** |  | | | | |
| **Current address:** |  | | | | |
| **Date of birth:** |  | | | | |
| **Telephone number:** |  | | | | |
| **Home** |  | | | | |
| **Work** |  | | | | |
| **Mobile** |  | | | | |
| **Email address:** |  | | | | |

As proof of your legal authority to act on the data subject’s behalf, we will accept a copy of **one** of the following:

* A written consent signed by the data subject
* A certified copy of a Power of Attorney
* Evidence of parental responsibility

1. **DATA SUBJECT ACCESS REQUEST**

Please provide as much information as possible regarding the scope of your request.

|  |  |  |
| --- | --- | --- |
| **Data Subject Access Request** | **Date from:** | **Date to:** |

1. **FEE**

We reserve the right to charge a reasonable fee when a request is manifestly unfounded or excessive, particularly if it is repetitive. We may also charge a reasonable fee to comply with requests for further copies of the same information. The fee is based on the administrative cost of providing the information.

1. **DECLARATION**

I, ………………………………………………………, the undersigned and the person identified in (1) above, hereby request that Trinity provide me with the data about me identified above.

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

DSAR form completed by (name):

**OR**

I, ………………………………………………………, the undersigned and the person identified in (2) above, hereby request that Trinity provide me with the data about the data subject identified in (1) above.

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

DSAR form completed by (name):

**This form must be forwarded to Trinity College’s Data Protection Officer at** [**dpo@trinitycollege.com**](mailto:dpo@trintiycollege.com)