

**Subject Access Request Form**

<b>1: Please provide the following information to confirm your identity</b>	
Your full name	
Any previous surname by which you were or are known to the University and recorded in the University's records	
Your date of birth OR your staff / student / patient number	
Your current postal address	
Your current telephone and/or mobile number	
Your current e-mail address	
Your date of starting/leaving employment or attendance at the University	
Any additional information that may help identify your relationship with the University	
<b>2: To help us locate the relevant personal information, please specify in the following box (a) the information that you seek and/or (b) individuals who may hold the information (c) the period covered by your request:</b>	

**3: To be completed by all applicants**

I certify that I am the data subject and the information given above is correct to the best of my knowledge and belief. I understand that it is necessary for the University to confirm my identity and it may be necessary to obtain more detailed information from me in order to locate the correct information. Under the terms of the General Data Protection Regulation, I hereby request and consent for the University to search the records in the departments and to contact the relevant areas/staff, to inform me whether it holds any Personal Data as requested in section 2 above, and to supply me with a copy of those documents.

Signature:

Date:

Completion of this form assists us to confirm your ID, however, we may ask you to provide further ID in order to collect the information you have requested, details of which will be discussed with you prior to collection.

When you have completed this form please return it, with the accompanying documents to:

By email: [dpo@aecc.ac.uk](mailto:dpo@aecc.ac.uk)

or by post:

Data Protection Officer  
Health Sciences University  
Parkwood Campus  
Parkwood Road  
Bournemouth  
Dorset  
BH5 2DF

**FOR OFFICE USE ONLY:**

<b>Request received</b>	<b>Date</b>			<b>Initials of receiver</b>	
<b>ID Method confirmed</b>	<b>Date</b>			<b>Initials</b>	
<b>HOD authorise release</b>	<b>Date</b>			<b>Initials</b>	
<b>Confirm postage method and date</b>	<b>Date</b>		<b>Method</b>	<b>Initials</b>	
<b>Signature of data subject or agent to confirm collection</b>				<b>Date</b>	