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| Under the GDPR, you have a right to access data relevant to you. If you wish to access data about someone else then you shall require their written consent, which you must make available to us. You may be committing an offence to seek data about other individuals without their consent.Please complete this form and return to: **Data Protection Officer, University of the West of Scotland, High Street Paisley PA1 2BE or email to dataprotection@uws.ac.uk** |
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| **1. Personal Details - *we may make additional checks to verify your identity.*** |
| Name:  |
| Present Address: |
| Telephone number: | Date of Birth: |
| Length of time at this address: |
| If less than two years, please provide previous address: |
| **2. The Data you wish to Access** |
| Please provide all relevant details of the personal data you wish to access: |
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| Please provide details of any reference numbers that will assist us to locate the information you require. |
| Reference number(s): |
| **3. Search for Data**  |
| * If you would like a more general search, please note that the University will normally automatically search the following sections for personal data: **Registry, Library, Finance, Student Services and any School** that you have studied with as part of your degree. If there are other Schools or Support Services, with which you have been in contact that you would like to be searched for relevant data please list them below.
* If you wish to see specific emails, please provide details of the date, topic, recipient and sender if known:-­­­­­­­­­­­­­­­­­­
* C.C.T.V - If a CCTV search is requested, please supply the following details so that the relevant images can be located (*Please note CCTV recordings are only retained by the University for a calendar month)*

Date(s) of CCTV recording: Approximate time of recording: Location:  |
| **4. Declaration** |
| Declaration:I request access to the personal data indicated above and have enclosed the required 2 proofs of identification.I confirm that I am the Data Subject and I am not acting on behalf of someone else. |
| Signed: |  | Date: |  |
| **This section to be completed by persons other than the Data Subject, and acting on behalf of the Data Subject:** |
| Declaration:I confirm that I am acting on behalf of the data subject and have submitted proof of my identity and authority to receive this data: |
| Name: |
| Present Address: |
| Signed: |  | Date: |  |
|  |
| OFFICE USE ONLY:ACCESS REQUEST AUTHORISED: YES / NOSIGNED:DATE: | REASON IF REFUSED: |