



## DATA SUBJECT ACCESS REQUEST FORM

We will respond to your request within 30 days, where we are unable to approve your request for information or are unable to provide the information within 30 days, we will notify you.

Information will normally be provided free of charge, however, there may be certain circumstances when a charge can be made, we will follow guidance from the ICO to determine if a charge applies and advise you prior to collating the information.

If you require assistance in completing a request please contact the Data Protection Officer.

- If you are making the request for yourself, please complete the form below.
- If you are completing the request on behalf of someone else, please ensure that you provide written authority. We will expect you to verify your identity.
- Requests for Disclosure by the Police and Enforcing Bodies should be made via an official request or the Police/Enforcing Bodies Request Form. We will expect you to verify your identity.

|   |            |                          |           |                          |  |
|---|------------|--------------------------|-----------|--------------------------|--|
| <b>Full Name</b>  |            |                          |           |                          |  |
| <b>Organisation/Relationship to Data Subject</b>  |            |                          |           |                          |  |
| <b>Address</b>  |            |                          |           |                          |  |
| <b>Telephone Number</b>   |            |                          |           |                          |  |
| <b>Email Address</b>  |            |                          |           |                          |  |
| <b>1. Are you requesting information about yourself?</b>  | <b>Yes</b> | <input type="checkbox"/> | <b>No</b> | <input type="checkbox"/> |  |
| <p>If <b>Yes</b>, you are the data subject and documentary evidence may be required if you are not known to the relevant Department or Business area, we may ask to see proof of your identity. The following forms of identity will be accepted as proof of identity:</p> <ul style="list-style-type: none"> <li>- A copy of your passport</li> <li>- A copy of your driving licence</li> <li>- A copy of your Bank, building society or credit card statement in the Data Subject's name for the last quarter</li> <li>- A copy of your Council Tax bill</li> </ul> <p>If <b>No</b>, please supply the written consent of the data subject and supply their details as follows:</p> |            |                          |           |                          |  |
| <b>Full Name</b>  |            |                          |           |                          |  |
| <b>Address</b>  |            |                          |           |                          |  |
| <b>Telephone Number</b>   |            |                          |           |                          |  |
| <b>Email Address</b>  |            |                          |           |                          |  |
| <b>Signature</b>  |            |                          |           | <b>Date</b>              |  |

|   |  |             |  |
|---|--|-------------|--|
| <b>2. Please briefly explain why you are requesting this information rather than the data subject.</b>  |  |             |  |
|   |  |             |  |
| <b>3. Please describe the information you seek together with any other relevant information to help us identify the information you require. It would be helpful if you could advise the reason for the request. (please continue on a separate sheet if necessary)</b>         |  |             |  |
|   |  |             |  |
| <b>ALL APPLICANTS MUST COMPLETE THIS SECTION [Please note that any attempt to mislead may result in prosecution].</b>   |  |             |  |
| I confirm that the information given on this application is true and I understand that Bradford College and the Bradford College Group may need more information to confirm my identity or the identity of the data subject and to locate the information that I am requesting. |  |             |  |
| <b>Full Name</b>  |  |             |  |
| <b>Signature</b>  |  | <b>Date</b> |  |

**Please return the completed form to the:-**

Data Protection Officer  
 F6 Old Building  
 Bradford College  
 Great Horton Road  
 Bradford  
 BD7 1AY  
 Email: [dataprotection@bradfordcollege.ac.uk](mailto:dataprotection@bradfordcollege.ac.uk)

| <b>FOR COLLEGE USE ONLY</b> |          |                           |  |
|-----------------------------|----------|---------------------------|--|
| <b>Request Approved</b>     | Yes / No | <b>Reason for refusal</b> |  |
| <b>Request approved by</b>  |          |                           |  |
| <b>Signed:</b>              |          | <b>Date:</b>              |  |