



SUBJECT ACCESS REQUEST FORM

You can use this form to request access to the personal information held on you by the academy for your child. ***If the request is for a child who is 13 years of age or older, we must have their consent to provide the information to you. Please see the authority at the end of this form.***

Under the General Data Protection Regulation (GDPR) data subjects have a right to be told whether the academy – or someone else on the academy's behalf – is processing your personal data and, if so, to be given a description of:

- the personal data held;
- the purposes for which that personal data is being processed;
- those to whom that personal data is being or may disclosed.

Section one – your details

Surname:	
First name(s):	
Address:	
Telephone:	
Email:	
What is the name of the academy	
If the information relates to a student at the academy please provide the name and age of the student/s about whose personal data you are enquiring:	
Do you have parental responsibility for the student who is the 'Data Subject'. If the answer is no please provide justification for your request.	

Please ensure you enclose proof of your identity – such as a photocopy of your passport, driving licence, birth certificate or utility bill. Please provide a description of the data you are requesting in the box below. You may continue overleaf if needed. You should describe the information you need as clearly as possible: it is not sufficient to ask for "everything about me". If your request is too broad or unclear, we may need to ask you to be more specific.

Section two – declaration

I am the enquirer named in Section One of this form and request that
..... Academy (insert name of the academy to which this relates)
provide me with a copy of the personal data held for the Data Subject. I enclose proof of my
identity.

Signed _____

Date _____

Subject reference request – consent by student aged 13 or over

Name

DOB

Address

.....

.....

Please sign as appropriate:

I consent to the release of my personal data/information as requested to:

..... (insert name)

Relationship to you.....

The academy will advise (insert name) of the date information is available to collect from the academy.

Please provide contact details (mobile number/email or postal address)

.....

Signed (student)

Date

OR

I request that the personal data/information as requested by(insert name) be released only to me. The academy will advise you of the date information is available to collect from the academy.

.....(student name) will be required to sign to acknowledge receipt of the information.

Signed (student)

Date:

Please send the completed form to:

Data Controller

Diverse Academies

Kelham Hall

Newark

NG23 5QX

Or for the attention of the GDPR Team at the specific academy who holds your data.