SUBJECT ACCESS REQUEST FORM

Please complete the following form and return it to the school office.

A) Data Subject Details

Title	
Surname	
First Name(s)	
Current Address	
Telephone (Home)	
Telephone (Work)	
Telephone (Mobile)	
Email address	
Date of birth	
Details of identification provided to confirm name of data subject in question	
Details of data requested	

If the person requesting the information is NOT the data subject, complete the below:

Are you acting on behalf of the data subject with their written consent or in another legal authority?	Yes ☐	No ☐
If 'Yes' please state your relationship with the data subject (e.g. parent, legal guardian or solicitor)		
Has proof been provided to confirm you are legally authorised to obtain the information? (e.g. letter of authority)	Yes ☐	No ☐

If you are a parent, we expect to be provided with proof of parental responsibility before releasing personal data of your child.

Title	
Surname	
First Name(s)	
Current Address	
Telephone (Home)	
Telephone (Work)	
Telephone (Mobile)	
Email address	

B) Declaration

I hereby request that Foxford Community School provide me with the information about the data subject above.

Name ……

Signature: ……

Date: ……