



## General Data Protection Regulations 2016 – Subject Access Request Form

The General Data Protection Regulations (GDPR) 2016 provides you, the data subject, with a right to receive a copy of the data/information we hold about you or to authorise someone to act on your behalf. Please complete this form if you wish to see your data. You will also need to provide **proof of your identity**. Your request will be processed within 30 calendar days upon receipt of a fully completed form and proof of identity.

### Proof of identity:

We require proof of your identity before we can disclose personal data. Proof of your identity should include a copy of two documents such as your staff Identity card, student Identity card, passport, driving licence. If you have changed your name, please supply relevant documents evidencing the change.

### Administration fee:

There is no fee payable for Subject Access Requests.

### Section 1

Please fill in your details (the data subject). If you are not the data subject and you are applying on behalf of someone else, please fill in the details of the data subject below and not your own.

<b>Title:</b> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other –
<b>Surname/ Family Name:</b>
<b>First Name(s)/Forenames:</b>
<b>Date of Birth:</b>
<b>Address:</b>
<b>Post Code:</b>
<b>Previous Addresses:</b>
<b>Post Code:</b>
<b>Day Time Telephone Number (s)</b>

**Student:**

Are you a present or past student of City: YES/NO PRESENT/PAST

If yes, what is your course of study?

For past students, provide course title and dates of study:

**Staff:**

Are you a present or past member of staff: YES/NO PRESENT/PAST

If yes, give department:

For past staff, give dates of employment:

I am enclosing the following copies as proof of identity:

Staff Identity  Driving Licence  Passport  Student Identity

If none of these are available, please contact Information Compliance for advice on 020 7040 4000

**City may hold personal records in different parts of its organisation. Please specify the information you require.**

**Personal Information**

If you only want to know what information is held in specific records please indicate in the box below.

Please tell us if you know in which capacity the information is being held, together with any names or dates you may have. If you do not know the current name of the Team just tell us what you do know. If you do not know exact dates, please give the year(s) that you think may be relevant.

**Details:**

## Section 2

Please complete this section of the form with your details if you are acting on behalf of someone else (i.e. the data subject).

If you are **NOT** the data subject, but an agent appointed on their behalf, you will need to provide evidence of your identity as well as that of the data subject and proof of your right to act on their behalf.

<b>Title</b> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other -
<b>Surname/Family name:</b>
<b>First(s) /Forenames:</b>
<b>Date of Birth:</b>
<b>Address:</b>
<b>Post code</b>
<b>Day Time Telephone number(s)</b>

Please provide proof of identity as detailed on page 1.

I am enclosing the following copies as proof of identity: Staff Identity <input type="checkbox"/> Driving Licence <input type="checkbox"/> Passport <input type="checkbox"/> Student Identity <input type="checkbox"/>
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If none of these are available, please contact Information Compliance for advice on: 020 7040 4000

<b>What is your relationship to the data subject?</b> (e.g. parent, carer, legal representative)	
I am enclosing the following copy as proof of legal authorisation to act on behalf of the data subject:	
Letter of authority <input type="checkbox"/>	Lasting or Enduring Power of Attorney <input type="checkbox"/>
Evidence of parental responsibility <input type="checkbox"/>	Other ( <i>give details</i> ):

**Data Subject Declaration:**

I certify that the information provided on this form is correct to the best of my knowledge and that I am the person to whom it relates. I understand that City is obliged to confirm proof of identity/authority and it may be necessary to obtain further information in order to comply with this subject access request.

**Name:****Signature:****Date:****OR****Authorised person – Declaration (if applicable):**

I confirm that I am legally authorised to act on behalf of the data subject. I understand that City is obliged to confirm proof of identity/authority and it may be necessary to obtain further information in order to comply with this subject access request.

**Name:****Signature:****Date:**

**Warning: a person who unlawfully obtains or attempts to obtain data is guilty of a criminal offence and is liable to prosecution.**

I wish to:

Receive the information in electronic format  (some files may be too large to transmit electronically and we may have to supply in CD format)

Receive the information by post\* Collect the information in person View a copy of the information only Go through the information with a member of staff 

\*Please be aware that if you wish us to post the information to you, we will take every care to ensure that it is addressed correctly. However, we cannot be held liable if the information is lost in the post or incorrectly delivered or opened by someone else in your household. Loss or incorrect delivery may cause you embarrassment or harm if the information is 'sensitive'.

**Please send your completed form and proof of identity to:**

Data Protection  
Information Compliance Officer  
Information Technology.  
City, University of London  
Northampton Square  
London EC1V 0HB  
[Dataprotection@city.ac.uk](mailto:Dataprotection@city.ac.uk)

City will retain the information provided for as long as necessary and in accordance with City's retention policy and it will be disposed of in a safe and secure manner.

Your information will only be shared in accordance with our Privacy Policies at <https://www.city.ac.uk/about/city-information/legal>