**SUBJECT ACCESS REQUEST FORM**

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| --- | --- | --- | --- |
| Your name | ………………………………………………………………………………. | Email or postal address:Your preferred contact method | ……………………………………………………………………………….………………………………………………………………………………. |
| Phone number | ……………………………………………………………………………Optional, used to contact about request |  |
| Are you the Data Subject? | Yes  | No  | If you selected ‘No’, name of data subject: | ……………………………………………… |
| Your relationship to the Data Subject or state not applicable: | ……………………………………………………………………………………………………………………………………………… |
| If you are requesting data on behalf of a child, please note that we may consult with the child if we believe they have the capacity to understand this request. |
| Do you want a copy of some personal data? | Yes  | No  | If No, please select another option below |
| Information about processing  | Correction of data  | Erasure of data  | Objection to/Restrict use of data  |
| If yes, what data? Please describe below and provide as much detail as possible to aid us in our search: |
| ……………………………………………………………………………………………………………………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………………………………………………………………………………………………………………….. |
| Have you enclosed/attached a copy of your photo ID? | Yes  | No  |
| Please sign: ………………………………………………… | Date: ………………………………………………… |
| How would you like the data provided to you? Scanned via email / encrypted memory stick / hard copy? |  |

**PLEASE COMPLETE THIS FORM AND RETURN TO:**

**KERRY NOWOSIELSKI**

**ADMIN OFFICER**

**IVY LANE SCHOOL**

**Or**

**Email form to:** **admin@ivylane.wilts.sch.uk**