

DATA SUBJECT ACCESS REQUEST FORM - DATA PROTECTION ACT (DPA 2018)

Please provide the following details about yourself:

Full name	
Organisation / relationship to data subject	
Address	
Telephone number	
Email address	

1. Are you requesting information about yourself?	Yes		No	
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If Yes, you are the data subject and documentary evidence of your identity is required e.g. driving licence, birth certificate (or photocopy) and a stamped addressed envelope for returning the document. (Please go to 3 below.)

If No, please supply the written consent of the data subject and supply their details as follows:

Full name	
Address	
Telephone number	
Email address	
Signature	Date
Parent / Carer signature (where applicable)	Date

2. Please briefly explain why you are requesting this information rather than the data subject.

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.



ALL APPLICANTS MUST COMPLETE THIS SECTION (please note that any attempt to mislead may result in prosecution.)

I confirm that the information given on this application is true and I understand that the school may need more information to confirm my identity or the identity of the data subject and to locate the information that I am requesting.

Full name		
Signature		Date

Please return the completed form to:

Mrs L Sharp
Data Protection Officer
Dixons Academies Charitable Trust
Dixons Trinity Academy
Trinity Road
Bradford
B45 0BE

Please enclose the following:

- Evidence of your identity(ies)
- Evidence of the data subject's identity (if different from above)
- Stamped addressed envelope for return of proof of identity/authority document.

FOR TRUST USE ONLY

Request approved	Yes / No	Reason for refusal	
Request approved by			
Signature		Date	

Requests must be logged on the Trust Subject Access Request Log