



WADE DEACON  
TRUST

**Subject Access Request Form**  
**Wade Deacon Trust**



<b>School</b>

## Section 1 – Identity of the data subject

<b>Surname</b>	<b>Date of Birth</b>
<b>First Name</b>	<b>Category of Individual e.g. Pupil/Staff/Other</b>
<b>Address</b>	<b>Postcode</b>

## Section 2 – Identity of the person submitting the subject access request

<b>Are you the data subject?</b>	Yes	No
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Please complete this information if you are acting on behalf of someone else

<b>Surname</b>	<b>Date of Birth</b>
<b>First Name</b>	
<b>Address</b>	<b>Postcode</b>
<b>Contact Telephone Number</b>	<b>Contact Email Address</b>
<b>What is your relationship to the data subject?</b>	<b>Do you have right to act on their behalf?</b>
	Yes No
<b>Other Information</b>	



### Please provide proof of identity

(Please present your ID to the School in person)

Identification Type	ID Ref No.

### Please provide proof of legal authorisation to act on behalf of the data subject

(Please provide proof of legal authorisation to the School in person)

Identification Type	ID Ref No.

## Section 3 – Personal information

Details of personal information requested

