

Subject Access Request Form Wade Deacon Trust



School			
Section 1 – Identity of the d	ata subject		
Surname		Date of Birth	
First Name		Category of Individual e.g. Pupil/Staff/Other	
Address		Postcode	
Section 2 – Identity of the p	erson submittin	ng the subject access request	
Are you the data subject?	Yes No		
Please complete this information if	you are acting on b	ehalf of someone else	
Surname		Date of Birth	
First Name			
Address		Postcode	
Contact Telephone Number		Contact Email Address	
What is your relationship to the data subject?		Do you have right to act on their behalf?	
,	•	Yes No	
Other Information			



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**



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Section	/ _	()thar	Intorm	nation
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Additional notes				
Section 5 – Dec	claration			
Warning: a person	who unlawfully obtains or attempts to obtain data is guilty of a criminal offence and is liable to			
prosecution.				
Data Subject Dec	laration			
person to whom i	nformation provided on this form is correct to the best of my knowledge and that I am the t relates. I understand that Wade Deacon Trust is obliged to confirm proof of and it may be necessary to obtain further information in order to comply with this subject			
Name				
Date				
Signature				
Authorised Perso				
is obliged to confi	n legally authorised to act on behalf of the data subject. I understand that Wade Deacon Trust rm proof of identity/authority and it may be necessary to obtain further information in order is subject access request.			
Name				
Date				
Signature				