**Subject Access Request Form**

**Access Request Form:** Request for a copy of Personal Data

Data Protections Act 1988 – 2018

**Details of Applicant** (Please use Block letters)

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maiden Name: (if name used during your school duration) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Mobile number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\* We may need to contact you to discuss your access request***

**Please tick the box which applies to you:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student  🞏 | Parent/Guardian of student 🞏 | Former Student  🞏 | Current Staff  🞏 | Former Staff  🞏 |
| Age: ­­­­­­­­­­  Year group/class: | Name of Student: | Insert Year of leaving: | Staff Number: | Insert  Years From/To: |
| Name of  School/Centre: | Name of  School/Centre: | Name of  School/Centre: | Name of  School/Centre: | Name of  School/Centre: |

**Section 3 Data Access Request:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_(insert name) wish to be informed whether or not

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert name of school/centre) holds personal data about me/my child and to be provided with a description of this data and to be informed of the purpose for holding such data. I am making this access request under **Section 3** of the Data Protection Acts.

**OR**

**Section 4 Data Access Request:**

I, (insert name) wish to make an access request for a copy of any personal data that Dublin and Dun Laoghaire ETB holds about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert name).

I am making this access request under **Section 4** of the Data Protection Acts.

Any other information relevant to your access request (e.g. if requesting images/recordings made by CCTV, please state the date, time and location of the images/recordings (otherwise it may be very difficult or impossible for the school/ETB to locate the data).

Details of access request to be placed here:

Signed ………………………………………….……………………………… Date ……………………………..

**Important: Proof of Identity** **must accompany this Access Request Form (eg.copy of official/State photographic identity document such as driver’s licence, passport).**

**Checklist:**

1. Completed the Access Request Form in full? 🞏
2. Signed and dated the Access Request Form? 🞏
3. Included a photocopy of official/State photographic identity document (driver’s licence, passport etc.)**\***🞏

**\*Note to ETB**: the school/ETB should satisfy itself as to the identity of the individual and make a note in the school/ETB records that identity has been provided, but the school/ETB should not retain a copy of the identity document.

**Please return this form to: Access Officer, DDLETB, 1Tuansgate, Belgard Square East, Tallaght, Dublin 24 Or by email to:** [**dataprotection@ddletb.ie**](mailto:dataprotection@ddletb.ie)