

Subject Access Request Form

This request for access to the manual and computerised records that refer to you will require the following information and the payment of a £10 fee. This fee may be reduced or waived if you only want to see a specific record. You will need to provide proof of your identity: passport, driving licence, NUS card etc. Should your request be approved then access will be arranged within 40 days of this form and the fee being submitted. If your request is rejected you will be informed with reason(s) within 21 days of the submission and your fee will be returned to you.

Please note that in some instances details of personal data may be withheld when there would be a breach in confidentiality of a third party or where it has been processed to aid management forecasting or planning. The College reserves the right to obscure or suppress information that relates to third parties (under the terms of Section 7 of the Data Protection Act 1998).

Please complete using BLOCK CAPITALS as appropriate

1. Details of the Data Subject (person to whom the information relates)

Full name Date of Birth

Address
.....
.....

Telephone number

Email

2. Details of Employment by Stockton Riverside College

If the Data Subject is, or has been, employed by Stockton Riverside College, please provide the following information:

Payroll number (if known)

Dates of the period of employment

Faculty or Administrative Section

Nature of employment (eg Academic Staff, Administrative Staff, Clerical Staff, Manual Staff)
.....

3. Details of Student Registration at Stockton Riverside College

If the Data Subject is, or has been, a student at Stockton Riverside College, please provide the following information:

Student registration number, if known

Dates of the period as a student at the College

School/Faculty

Place of Study

Course of study (e.g. AAT Foundation)

Mode of study (e.g. Full Time/Part Time)

4. Details of Status if Not an Employee or Student

If the Data Subject is neither a member of staff nor a student at the College, please indicate briefly below why the College may be holding personal data

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5. Are you the Data Subject? YES / NO

If Yes: please go to question 8.

If No: Are you acting on behalf of the data subject with their written authority? If so, that **authority must be enclosed** (please complete questions 6 and 7)

6. Details of the person requesting the information (if different to Data Subject)

Full name

Address

.....

.....

Telephone number

Email

7. Please describe your relationship with the Data Subject that leads you to make this request for information on their behalf:

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.....
.....
.....

8a. If you wish to see only certain specific document(s), for example, a specific departmental file etc., please describe these below:

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8b. Do you wish only to view the file(s) specified in 8a above? YES / NO

9. If you would like a more general search, please indicate from which of the following sections (please tick all that apply):

- | | | | |
|--------------------------|--------------------------|-----------------------|--------------------------|
| Faculty of Study | <input type="checkbox"/> | Student Records (MIS) | <input type="checkbox"/> |
| Learning Resource Centre | <input type="checkbox"/> | Learning Support | <input type="checkbox"/> |
| Finance | <input type="checkbox"/> | Personnel | <input type="checkbox"/> |

10. Please specify below any other sections/departments that you or the Data Subject have been in contact with which you would like to be searched for relevant data.

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Declaration

I , certify that the information given on this application form to Stockton Riverside College is true. I understand that it is necessary for the College to confirm my/the Data Subject's identity and it may be necessary to obtain more detailed information in order to locate the correct data. I understand that the College is not obliged to provide me with any such data unless I provide sufficient information to enable the College to identify me/the Data Subject and locate any data which it might hold.

Signed Date.....

Please return the completed form. to:

Director of ICLT and Information Security
Stockton Riverside College
Harvard Avenue
Thornaby
Stockton on Tees
TS17 6FB

If you have any queries, please contact the Director of ICLT and Information Security on 01642 865573, or e-mail: data@stockton.ac.uk