

Introduction

The General Data Protection Regulations (GDPR) provides you, the data subject, with a right to receive a copy of the data/information we hold about you or to authorise someone to act on your behalf. Please complete this form if you wish to see your data. You will also need to provide proof of your identity. Your request will be processed within 30 calendar days upon receipt of a fully completed form and proof of identity.

Proof of identity:

We require proof of your identity before we can disclose personal data. Proof of your identity should include a copy of two documents such as your birth certificate, passport, driving licence, official letter addressed to you at your address e.g. bank statement, recent utilities bill or council tax bill. The documents should include your name, date of birth and current address. If you have changed your name, please supply relevant documents evidencing the change.

Administration fee:

The Union's policy is not to charge for Subject Access Requests.

Section 1: Data Subject

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Please fill in your details (the data subject). If you are not the data subject and you are applying on behalf of someone else, please fill in the details of the data subject below and not your own.

Title:	Mr [] Mrs [] Ms [] Miss [] Other []
Surname/ Last Name:	
First Name(s):	
Date of Birth:	
Address:	
Post Code:	
Day Time Telephone Number (s)	
-	

identification.			
I am enclosing the follo	wing copies as proof of	f identity:	
Birth Certificate []	Driving Licence []	Passport []	Official letter to my address []



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If you only want to know what information is held in specific records please indicate in the box below. Please tell us if you know in which capacity the information is being held, together with any names or dates you may have. If you do not know the current name of the department just tell us what you do know. If you do not know exact dates, please give the year(s) that you think may be relevant.

relevant.	,				,	,
Details:						
(Sports Union	Records bw, or have been en n) and are seeking Is of your Departme	personal info	rmation in re	elation to yo		
Details:						
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Section 2: Representation

Please complete this section of the form with your details if you are acting on behalf of someone else (i.e. the data subject).

If you are **NOT** the data subject, but an agent appointed on their behalf, you will need to provide evidence of your identity as well as that of the data subject and proof of your right to act on their behalf.



Title:	Mr [] Mrs [] Ms [] Miss [] Other []		
Surname/ Last Name:			
First Name(s):			
Date of Birth:			
Address:			
Post Code:			
Day Time Telephone Number (s)			
Identification: I am enclosing the following copies as proof of identity: Birth Certificate [] Driving Licence [] Passport [] Official letter to my address [] Relationship to the data subject Please describe below your relationship to the data subject (e.g. parent, carer, legal representative):			
Authorisation Lam enclosing the following copy as	proof of legal authorisation to act on behalf of the data subject:		
	production and the data of a contraction of the data data period		
[] Letter of authority			
[] Lasting or enduring power of attorney			
[] Evidence of parental responsibility [] Other:			



Section 3: Declarations

Data Subject Declaration:

I certify that the information provided on this form is correct to the best of my knowledge and that I am the person to whom it relates. I understand that the University of Strathclyde Sports Union is obliged to confirm proof of identity/authority and it may be necessary to obtain further information in order to comply with this subject access request.

Name:	
Signature:	
Date:	
0 5 (:5):	
OR (if applica	DIE)
obliged to co	eclaration: I am legally authorised to act on behalf of the data subject. I understand that Ofwat is nfirm proof of identity/authority and it may be necessary to obtain further information mply with this subject access request.
Name:	
Signature:	
Date:	
	person who unlawfully obtains or attempts to obtain data is guilty of a criminal s liable to prosecution.
Section 4: Act	tions
I wish to:	
[] [] [] []	Receive the information in electronic format Receive the information by post* Collect the information in person View a copy of the information only Go through the information with a member of staff
*Plagea ha gu	ware that if you wish us to nost the information to you, we will take every care to ensure

^{*}Please be aware that if you wish us to post the information to you, we will take every care to ensure that it is addressed correctly. However, we cannot be held liable if the information is lost in the post or incorrectly delivered or opened by someone else in your household. Loss or incorrect delivery may cause you embarrassment or harm if the information is 'sensitive'.



Please send your completed form and proof of identity to:

Data Protection Officer University of Strathclyde Sports Union 90 John Street Glasgow G1 1JH