

# Data Erasure Form

The General Data Protection Regulations (GDPR) provides you, the data subject, with a right to erasure of any data/information we hold about you (also known as the right to be forgotten) or to authorise someone to act on your behalf. Please complete this form if you wish to rectify your data. You may 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:

In certain circumstances we may require proof of your identity before we can amend personal data. The data protection officer will advise if proof of identity is required. If you have changed your name, please supply relevant documents evidencing the change.

## Administration fee:

The Union's policy is not to charge for rectification requests

## Section 1: Data Subject

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.

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

## Identification:

I am enclosing the following copies as proof of identity:

Birth Certificate [ ] Driving Licence [ ] Passport [ ] Official letter to my address [ ]

### Data Erasure Choice

You may choose to have some, or all, of the data that we about you hold erased. You need to be aware that by choosing to erase data the University of Strathclyde Students' Union may be

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forced to restrict services as we are required to process certain data to deliver these services.

☐ Tick this box for **full data erasure** and agree to the statement below:

I would like to request a full erasure of all data that the University of Strathclyde Students' Union holds about me. I understand that full erasure will result in the complete revocation of Students' Union membership, access to facilities and services. In addition I agree that the Students' Union may retain a record of my Student ID number issued by the University of Strathclyde and to ensure that the Students' Union does not process any data linked with this record.

☐ Tick this box for **partial data erasure** and agree to the statement below:

I would like to request a partial erasure of all data that the University of Strathclyde Students' Union holds about me. I understand that this erasure may result in the partial or complete revocation of Students' Union membership, access to facilities and services. The Data Protection Officer will advise of loss of service prior to erasure. In addition I agree that the Students' Union may retain a record of my Student ID number issued by the University of Strathclyde and to ensure that the Students' Union does not process any data linked with this record.

Please detail below the data that you wish to be partially erased:

## Identification of data

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.

## Details:

## Reason for rectification

The University of Strathclyde Students' Union will not unreasonably prevent erasure of data however requires an appropriate reason to make such amendments. Please detail below the

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reason for requiring the data rectification.

**Details:**

## 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.

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

### Identification:

I am enclosing the following copies as proof of identity:

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**Relationship to the data subject**

Please describe below your relationship to the data subject (e.g. parent, carer, legal representative):

**Authorisation**

I am enclosing the following copy as proof of legal authorisation to act on behalf of the data subject:

- ☐ 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 Students' 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.

<b>Name:</b>	
<b>Signature:</b>	
<b>Date:</b>	

**OR** *(if applicable)*

**Authorised Declaration:**

I confirm that I am legally authorised to act on behalf of the data subject. I understand that Ofwat 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.



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<b>Name:</b>	
<b>Signature:</b>	
<b>Date:</b>	

***Warning: a person who unlawfully obtains or attempts to obtain data is guilty of a criminal offence and is liable to prosecution.***

## Section 4: Actions

Please send your completed form to:

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