The General Data Protection Regulations (GDPR) provides you, the data subject, with a right to rectify any data/information we hold about you 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 (where required).

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.

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

Rectification Request

Please detail in the box below, with as much information as possible, the data/information that you wish to be rectified.

Details:		
Reason for rectification The University of Strathclyde Students' Union will not unreasonably prevent rectification of data however requires an appropriate reason to make such amendments. Please detail below the reason for requiring the data rectification.		
Details:		
Section 2: Represer	ntation	
Please complete this section	on of the form with your details if you are acting on behalf of someone	
else (i.e. the data subject).	in of the form with your details if you are acting on benait of someone	
f 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)	
entification:	
am enclosing the following	g copies as proof of identity:
rth Certificate [] Drivi	ng Licence [] Passport [] Official letter to my address []
	a subject our relationship to the data subject (e.g. parent, carer, legal
-	
Please describe below your representative):	•
Please describe below your representative): Authorisation	
Please describe below your representative): Authorisation I am enclosing the follow	our relationship to the data subject (e.g. parent, carer, legal
Please describe below your representative): Authorisation I am enclosing the follow subject:	our relationship to the data subject (e.g. parent, carer, legal
Authorisation I am enclosing the follow subject: [] Letter of authority [] Lasting or enduring [] Evidence of parenta	our relationship to the data subject (e.g. parent, carer, legal ing copy as proof of legal authorisation to act on behalf of the data power of attorney
Authorisation I am enclosing the follow subject: [] Letter of authority [] Lasting or enduring	our relationship to the data subject (e.g. parent, carer, legal ing copy as proof of legal authorisation to act on behalf of the data power of attorney

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.

Name:

Signature:	
Date:	

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.

Name:	
Signature:	
Date:	

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
90John Street
Glasgow
G1 1JH