

BANGOR UNIVERSITY
SUBJECT ACCESS REQUEST FORM



PRIFYSGOL
BANGOR
UNIVERSITY

DP

Request reference number (for office use only)

Please enter your details in **block capitals**:

Surname:	Mr / Mrs / Miss / Ms / Dr / Prof:
Forename(s):	
Address:	Telephone No.:
Postcode:	E-mail address:
Relationship to the University: Student / Member of Staff / Graduate / Other (please specify):	
If you are a student then please provide your Student Number:	
If you are a member of staff please provide your Staff number:	
Are you the Data Subject (the individual that the information relates to)?	
YES if you are the Data Subject please supply evidence of your identity i.e. library card, driving licence, birth certificate (or photocopy).	
NO are you acting on behalf of the Data Subject with their written authority? If so, that authority must be enclosed. Please complete the below section.	
Please describe your relationship with the data subject that leads you to make this request for information on their behalf:	

REQUEST:

If you only wish to see certain document(s), for example an examination report, a specific departmental file, a particular letter etc. please describe these below with as much detail as possible:

Please note: If you are making a request to see your counselling records the Governance & Compliance Team (once the administrative requirements have been dealt with) will pass your request on to the Counselling Service to collate the information, they may be in touch with you during this process.

If you are requesting all information held by the University, please note that we will normally request that the following services provide any personal data about you:

Student Records, Student Services, Halls of Residence, Finance, Human Resources, any academic department you have studied with as part of your degree and / or any department that you are employed within.

Please indicate below any other sections/departments that you have been in contact with which may hold personal information about you:

DECLARATION (please delete as appropriate):

I am the data subject named in this document and hereby request that Bangor University provide me with a copy of personal information held about me under the provisions of relevant data protection legislation.

I am the representative of the data subject and hereby request that Bangor University provide me with a copy of the personal information held about the data subject under the provisions of relevant data protection legislation

Signed:

Date:

Please return the completed form to: *Lynette Hunter, Governance & Compliance Team, Bangor University, College Road, Bangor, Gwynedd, LL57 2DG*, or via email to: info-compliance@bangor.ac.uk

Documents which must accompany this application are:

- i. evidence of your identity**
- ii. evidence of the Data Subject's identity (if different from above)**
- iii. evidence of Data Subject's consent to disclose to a third party (if required as indicated above)**