

# Subject Access Request Form

## Firthmoor Primary School



Document Version Control				
Document Type:		RECORD		
Document Author:		IT Systems & Support Limited		
Document Owner:		Data Protection Officer		
Document Security Classification:		PUBLIC		
Document Review Period:		ANNUAL		
Issue	Description of Changes	Changer	Authoriser	Issue Date
1.0	Initial Draft	Tristen Coad	Amie Chambers	02/07/2021
1.1	Annual Review	Tristen Coad	Amie Chambers	12/09/2022
1.2	Annual Review	Tristen Coad	Amie Chambers	12/09/2023
1.3	Annual Review	Tristen Coad	Amie Chambers	12/09/2024
Considerations, Definitions & Terms				
School	Nursery, School, Academy, Trust, College, SAT, MAT			
Learner	Pupil, Student, Child, Children			
Parent	Parent, Guardian, Person(s) of care, holder of parental responsibility, Person in Parental Responsibility for a Learner			
Office Manager	Administrative Lead, School/Trust Business Manager, Administrative Manager			
Headteacher	Headteacher, Principal, CEO, Deputy CEO, Executive Headteacher, Head of School			
Senior Leader	Any and all members of Senior Leadership Team / Executive Leadership Team			

# 1. DATA SUBJECT DETAILS:

<b>Title:</b>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other: <input type="checkbox"/>
<b>Surname:</b>					
<b>First name(s):</b>					
<b>Current address:</b>					
<b>Telephone number:</b>	<b>Home:</b>				
	<b>Work:</b>				
	<b>Mobile:</b>				
<b>Email address:</b>					
<b>Date of birth:</b>					
<b>Details of identification provided to confirm name of data subject (two forms required):</b>	<b>Passport</b>	<input type="checkbox"/>			
	<b>Driving Licence</b>	<input type="checkbox"/>			
	<b>Birth certificate</b>	<input type="checkbox"/>			
	<b>Utility bill (from last 3 months)</b>	<input type="checkbox"/>			
	<b>Bank statement (from last 3 months)</b>	<input type="checkbox"/>			
	<b>Rent book (from last 3 months)</b>	<input type="checkbox"/>			
<b>Authorisation that Identity has been confirmed by member of Lingfield Education Trust Staff:</b>	<b>Signed:</b>				
	<b>Print:</b>				
	<b>Date</b>				
	<b>Position:</b>				
<b>Details of data requested:</b>					

**1.1 DETAILS OF PERSON REQUESTING THE INFORMATION (if not the data subject):**

Are you acting on behalf of the data subject with their written or other legal authority?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
If 'Yes' please state your relationship with the data subject (e.g. parent, legal guardian or solicitor)					
<b>Please enclose proof that you are legally authorised to obtain this information.</b>					
<b>Title</b>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other: <input type="checkbox"/>
<b>Surname</b>					
<b>First name(s)</b>					
<b>Current address</b>					
<b>Telephone number:</b>	<b>Home:</b>				
	<b>Work:</b>				
	<b>Mobile:</b>				
<b>Email address</b>					

**2. DECLARATION**

I, ....., the undersigned and the person identified in (1) above, hereby request that \*\*\*\* provide me with the data about me identified above.

Signature:

Date:

SAR form completed by (employee name):

I, ....., the undersigned and the person identified in (1.1) above, hereby request that\*\*\*\* provide me with the data about the data subject identified in (1) above.

Signature:

Date:

SAR form completed by (employee name):

**This form must immediately be forwarded to the Data Protection Officer (DPO).**