

SUBJECT ACCESS REQUEST FORM
PURSUANT TO s.7 DATA PROTECTION ACT 1998

1. Details of the person requesting information	
Full name	
Address	
Telephone (.....)	Fax No (.....)
Email	
Student Number or Staff Payroll Number*	
School/Department of study/employment*	
Dates of study/employment* From To	
2. Are you the Data Subject?	
YES	If you are the Data Subject please supply evidence of your identity, e.g. Smart ID card, photocard driving licence, passport (or photocopy) and, if necessary, a stamped addressed envelope for returning the document (please go to question 5)
NO	Are you acting on behalf of the Data Subject with their written authority? If so, that authority must be enclosed (please complete questions 3 and 4).
3. Details of the Data Subject (if different to 1)	
Full name	
Address	
Telephone (.....)	
Fax No (.....)	
Email	
Student Number or Staff Payroll Number*	
School/Department of study/employment*	
Dates of study/employment* From To	
4. Please describe your relationship with the Data Subject that leads you to make this request for information on their behalf:	
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.....	
.....	
5. If you wish to see only certain specific document(s), for example a particular examination report, a specific departmental file etc, please describe these below:	
.....	
.....	
.....	

* If applicable

Please note that the University reserves the right to obscure or suppress information that relates to other third parties (under the terms of Section 7 of the Data Protection Act 1998).

6. If you would like a more general search please note that the University will normally search the following sections for personal data:

For students:

Registry, Library, Residences Office, Finance Office, Faculty Office, Information Systems Services and any academic unit that the data subject studied with as part of their degree.

For staff:

Human Resources, Finance Office, Information Systems Services, Professional Services, and any department/school in which the data subject has worked.

Please tick below any schools/centres/units with which you have been in contact, and which you would like to be searched for relevant data:

School/Centre/Unit

- Art
- Biological Sciences
- Chemistry
- Civil Engineering and the Environment
- Education
- Electronics and Computer Science
- Engineering Sciences
- Geography
- Health Care Innovation Unit
- Health Professions and Rehabilitation Sciences
- Humanities

School/Centre/Unit

- Law
- Management
- Mathematics
- Medicine
- Nursing and Midwifery
- Optoelectronics Research Centre
- Physics and Astronomy
- Psychology
- Social Sciences
- Southampton Oceanography Centre
- Statistical Science Research Institute

Other(s) Please specify below:

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Declaration

I, certify that the information given on this application form to the University of Southampton is true. I understand that it is necessary for the University to confirm my/Data Subject's identity and it may be necessary to obtain more detailed information in order to locate the correct information.

Signed Date

Please return the completed form to:

Data Protection Officer, Legal Services, George Thomas Building, University of Southampton, Highfield, Southampton, SO17 1BJ

Documents which must accompany this application are:

- Evidence of your identity.
- Evidence of the data subject's identity (if different from above).
- Evidence of the data subject's consent to disclosure to a third party (if required as indicated above).
- A fee of £10 (cheques to be made payable to the University of Southampton).
- A stamped addressed envelope for return of proof of identity/authority documents, if appropriate.

OFFICE USE ONLY

Date request received: Date completed:

Notes

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