**SUBJECT ACCESS REQUEST FORM**

It is not mandatory to use this form but it will help us to give a timely and accurate response to your subject access request under data protection legislation. Please complete the table below and return the form by email (or post) to the Information Compliance Office.

|  |  |
| --- | --- |
| Date |  |
| Title (Mr, Ms, etc.) |  |
| Surname |  |
| Forename(s) |  |
| Address |  |
| Email address |  |
| Preferred response format (email or post) |  |
| Other name(s) by which you have been known (if applicable) |  |
| Relationship to the University |  |
| Proof of ID enclosed/attached (ideally send a photocopy/scan of one form of photo ID) |  |
| Description of your request, including information to help us locate the personal data you seek |  |

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| --- |
| Information Compliance Office  Governance and Compliance Division  The Old Schools, Trinity Lane  Cambridge, CB2 1TN |
|  |
| Tel: +44 (0) 1223 764142 |
| Email: data.protection@admin.cam.ac.uk |