

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	

Information Compliance Office Governance and Compliance Division The Old Schools, Trinity Lane Cambridge, CB2 1TN