



The Crypt School
Subject Personal Data Access Request Form

Section 1: Data Subject Contact Details

The "Data Subject" is the person who is the subject of the records you are enquiring about.

Surname..... Forenames.....

Address

.....

Postcode Daytime Telephone Number.....

Email

Are you the Data Subject? YES / NO (please circle)

If YES, go to Section 3.

If NO, complete Section 2.

Section 2: Representative's Details

Surname..... Forenames.....

Address (incl. company name if relevant).....

.....

Postcode Daytime Telephone Number.....

Email

Do you have parental responsibility for the Data Subject of the records you are enquiring about?

YES / NO (please circle)

For children aged 12 or over, a personal data access request must be made or authorised in Section 5 by the child themselves and the School will usually respond directly to the child, unless it is clear that they do not understand the nature of the request, or they give their consent to provide their personal data to the Representative, or it is evident that this would be in the best interests of the child.

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Section 3: Personal Data Records Requested

Description of the personal data records requested. Please be as specific as possible and include any details, relevant dates or search criteria that will help us identify what is wanted.

The School will normally provide the data to individuals in hard copy by post unless an electronic copy is specifically requested.

Section 4: Applicant Declaration

The information I have supplied in this application is correct, and I am the person to whom it relates or a representative acting on their behalf. I understand that The Crypt School may need to obtain further information from me/my representative to comply with this request. I agree that the reply period will commence when I/they have supplied sufficient information to enable the School to perform the search.

Signature of Applicant:	Date:
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Section 5: Authority to release information to a Representative

A Representative needs to obtain authority from the Data Subject before personal data can be released. The Representative should obtain the Data Subject's signature below, or provide a separate note of authority. This must be an original signature, not a photocopy. We may contact the Data Subject to verify this authority.

• I hereby give my authority for the Representative named in Section 2 of this form to make a Data Subject Access Request on my behalf under Data Protection Legislation. • I give my consent for the Representative to receive my personal data: YES / NO (please circle)	
Signature of Data Subject:	Date:
Signature of Representative:	Date:

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