

**Subject Access Request (SAR) Form**

**Hatch Warren Infant School**

You can use this form to request access to your personal information held by our school. Our school’s **Privacy Notices** details the personal information held, how we use this information and the reasons why we share this information.

You should describe the information you need as clearly as possible: it is not sufficient to ask for "everything about me". If your request is too broad or unclear, we may need to ask you to be more specific.

In addition, you must also enclose **proof of your identity** such as a photocopy of your passport, driving licence, or birth certificate.

This Subject Access Request form and proof of identity should be sent by email to DPO@hwis.hants.sch.uk . If you need assistance with completing this form or have any questions regarding the SAR process, please contact DPO at either DPO@hwis.hants.sch.uk

or on the school phone number at 01256 350313.

**Section 1 – Details of person requesting information (requester)**

|  |  |
| --- | --- |
| **Title :** | Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]  Title (please state): |
| **Forename(s):** |  |
| **Surname:** |  |
| **Daytime Telephone No:** |  |
| **Email Address:** |  |
| **Current Address:** |  |
|  |  |
|  |  |
| **Postcode** |  |

**Section 2 - Are you the Data Subject?**

🞏 **Yes - I am the Data Subject** (the person the information is about) (go to Section 4):

*As the Data Subject, you will need to provide evidence of your identity so that we can check we are releasing the data to the correct person*

🞏 **No - I am acting on behalf of the Data Subject** (go to Section 3)

*If you are acting on behalf of a child, you must provide evidence of parental responsibility*

**Section 3 – Details of Data Subject (if different from Section 1)**

|  |  |
| --- | --- |
| **Title (please tick one):** | Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]  Title (please state): |
| **Forename(s):** |  |
| **Surname:** |  |
| **Current Address:** |  |
|  |  |
|  |  |
| **Postcode** |  |
| **My relationship to the data subject is:** | (e.g. parent; carer; legal representative) |
| **If the Data Subject is an adult, I have provided evidence of authorisation from the Data Subject to act on their behalf***(e.g. letter of authority; Power of Attorney)*  | 🞏 **Yes** 🞏 **No**  |
| **If the Data Subject is a child,****I have provided evidence of parental responsibility for the Data Subject** | 🞏 **Yes** 🞏 **No**  |

**Section 4 – Details of Information Required**

Please use this space to give us any details about the information you are requesting. You should describe the information you need as clearly as possible: it is not sufficient to ask for "everything about me" or “everything about my child”. If your request is too broad or unclear, we may need to ask you to be more specific.

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**Section 5 – How you wish the information to be sent to you**

**Please indicate how you wish to receive the information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 🞏 | Receive the information by email | 🞏 | Collect the information in person | 🞏 | View a copy of the information only |

**Section 6 – Declaration**

Verification of identity is required before your request can be processed.

**I enclose as verification of identity a photocopy of my:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 🞏 | Driving Licence | 🞏 | Passport | 🞏 | Birth Certificate | 🞏 | Other |

**Data Subject Declaration**

**I certify that, to the best of my knowledge, the information I have provided in this form is correct.**

**I understand that the school is obliged to confirm proof of identity/authority and it may be necessary to obtain further information in order to comply with this subject access request.**

**Print Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signed**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OR**

**Authorised person Declaration**

**I confirm that I am legally authorised to act on behalf of the Data Subject.**

**I understand that the school is obliged to confirm proof of identity/authority and it may be necessary to obtain further information in order to comply with this subject access request.**

**Print Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signed**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The information you have provided in this form will be kept confidential and kept for as long as necessary in accordance with our data retention schedule and will be disposed of in a safe and secure manner.*

|  |  |  |
| --- | --- | --- |
| **­­­­­­­­­­­­­­­Office Use**  | **SAR Reference No** |  |
| Actioned By |  | Date Form Received |  |
| ID Checked Date |  | Agreed Response date |  |
| Information requested confirmed Date |  | Date Responded |  |
| Notes | Added to SAR Log Y / N |