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**SUBJECT ACCESS REQUEST FORM**

You should complete this form if you want us to supply you with a copy of any personal data we hold about you or your child. You are entitled to receive this information under the General Data Protection Regulations 2018.

We will also provide you with information about any processing of your personal data that is being carried out, the retention periods which apply to your personal data, and any rights to rectification, erasure, or restriction of processing that may exist.

In line with current legislation, we are required to respond to your request **within one month** of the latest of the following:

* Our receipt of your request, written or oral; or

* Our receipt of any further information we may ask you to provide to enable us to comply with your request.

The information you supply in this form will only be used for the purposes of identifying the personal data you are requesting and responding to your request.

**SECTION 1: Details of the person requesting information**

|  |  |
| --- | --- |
| Full name: |  |
| Address: |  |
| Contact telephone number: |  |
| Email address: |  |

**SECTION 2: Are you the data subject?**

Please tick the appropriate box and read the instructions which follow it.

**YES**: I am the data subject. I enclose proof of my identity (see below).

**NO**: I am acting on behalf of the data subject (e.g. a child for whom I am the parent/guardian/carer). I have enclosed proof of my own identity (see below).

To ensure we are releasing data to the right person we need confirmation as to your identity. This can be done in one of two ways:-

1. Confirmation of your identity from two members of staff, one of whom must be a member of the Senior Leadership Team.

**TO BE COMPLETED BY SCHOOL ONLY**

**Identity verified by School**

1. **Name of staff member…………………………………………………………**

**Signature…………………………………………………………………………**

**Date of verification…………………………………….**

1. **Name of SLT member…………………………………………………………**

**Signature…………………………………………………………………………**

**Date of verification…………………………………….**

1. Alternatively, please supply the school office with a photocopy or scanned image of one of both of the following (you may bring the originals in to be verified on site):
2. Proof of Identity - Passport, photo driving licence, national identity card.

1. Proof of Address - Utility bill, bank statement, credit card statement (no more than 6 months old); current driving licence; current TV licence; local authority tax bill, HMRC tax document (no more than 1-year-old).

**SECTION 3**

**Details of the data subject** (this will be either you or your child / children)

|  |  |
| --- | --- |
| Full name: |  |
| Address: |  |
| Contact telephone number: |  |
| Email address: |  |

**TO BE COMPLETED BY SCHOOL OFFICE ONLY**

**Contact details verified by School**

**Name of staff member…………………………………………………………**

**Signature…………………………………………………………………………**

**Date of verification…………………………………….**

**SECTION 4: What information are you seeking?**

Please describe the information you are seeking. Please provide any relevant details you think will help us to identify the information you require.

|  |
| --- |
|  |

Please note that if the information you request reveals details directly or indirectly about another person we will have to seek the consent of that person before we can let you see that information. **In certain circumstances, where disclosure would adversely affect the rights and freedoms of others, we may not be able to disclose the information to you, in which case you will be informed promptly and given full reasons for that decision.**

While in most cases we will be happy to provide you with copies of the information you request, we nevertheless reserve the right, in accordance with the Data Protection Act 2018, not to provide you with copies of information requested if to do so would take “disproportionate effort”, or in accordance with Article 12 of the General Data Protection Regulation to charge a fee or refuse the request if it is considered to be “manifestly unfounded or excessive”**.** However we will make every effort to provide you with a satisfactory form of access or summary of information if suitable.

**SECTION 5: Declaration**

I confirm that I have read and understood the terms of this subject access form and certify that the information given in this application is true.

**Signed**………………………………………… **Date** ……………..

**Please ensure the requirements for confirmation of your identity have been met and you have authorisation from the data subject to act on their behalf (if applicable).**

Please return the completed form to:

Office Manager

Howard Primary School

Email: office@howard.croydon.sch.uk

Telephone: 0208 688 4216