



DATA ACCESS REQUEST FORM

Request for a copy of Personal Data under Article 15 of The General Data Protection Regulation 2016/679.

Important: Prior to complying with a Subject Access Request, we require proof of the applicant's identity and address to ensure that the person making this access request is acting legitimately.

Section A – please complete this section

Full Name: _____

Other Names: _____ *eg. Maiden Name*

Postal Address: _____

Telephone*: _____

Email*: _____

**we may need to contact you to discuss your Data Access Request*

Section B - please complete this section

Please tick the box which applies to you:

Student Parent/Guardian Former student Current staff Former staff
of student

Age: _____ Student Name: _____

Year group/class: _____ Year of leaving: _____ Years (From/to): _____

Section C - please complete this section

I, _____ [insert name] wish to be informed whether or not Loreto Secondary School, Wexford holds personal data about me/my child and to be provided with a description of this data and to be informed of the purpose for holding such data. I am making this access request under Article 15 (1) of the General Data Protection Regulation 2016/679.

OR

I, _____ [insert name] wish to make an access request for a copy of any personal data that Loreto Secondary School, Wexford holds about me/my child. Article 15 (1) of the General Data Protection Regulation 2016/679.

Any other information relevant to your access request (e.g. if requesting images/recordings made by CCTV, please state the date, time and location of the images/recordings (otherwise it may be very difficult or impossible for the school to locate the data).

Signed: _____

Date: _____

Checklist

- Have you:
- 1. Completed, signed and dated the Subject Access Request Form? Yes No
 - 2. Attached a photocopy or proof of your identity and address? Yes No

If you have ticked “No” to question 2 above, we regret that we may not provide you with the data requested. The use of this form is not mandatory. However, completing this form should enable us to process your request more efficiently.

Please return this form to: The Principal, Loreto Secondary School, Pembroke Hill, Ballynagee, Wexford.

Information requested will be provided by Loreto Secondary School, Wexford within one month provided the identity of the requester has been verified.

School Use Only:

SAR Received Date: _____	Identity Confirmed: Yes <input type="checkbox"/> No <input type="checkbox"/>
Identity Confirmed Date: _____	Information Sent Date: _____
SAR Reference: _____	