





Subject Access Request Form

Request for information under the UK GDPR (UK General Data Protection Regulation).

This form should be completed only if you are requesting personal information relating to yourself or on behalf of a third party.

Please note that the request will be processed by the Information Compliance Team. The Information Compliance Team undertakes Subject Access Requests for City College Norwich (CCN), which includes: Paston College and Easton College.

Please complete in block capitals

1 Personal details of the Data Subj	ect (who the data is about)					
Student/Former Student $\ \square$ Current Member of Staff*/Former Member of Staff $\ \square$						
(Please indicate your relationship with the	Institution)					
Last Name:	First Name:					
Date of Birth:	Institution:					
Telephone Number:	Student ID:					
Address:						
Postcode:						
Email:	Fax Number:					
* Existing staff are FT and PT staff who are currently employed by CCN, and those Temporary Solutions staff who are engaged in work for CCN at the time of submitting their request.						
2 Details of the person requesting	the information (if different from the Data Subject)					
	First Name:					
Last Name:						
Last Name:	First Name:					
Last Name:	First Name:					
Last Name: Address:	First Name:					
Last Name: Address:	First Name: Postcode: Fax Number:					
Last Name: Address: Telephone Number:	First Name: Postcode: Fax Number:					
Last Name: Address: Telephone Number: Email:	First Name: Postcode: Fax Number:	or				
Last Name: Address: Telephone Number: Email: 3 Please describe your relationship	First Name: Postcode: Fax Number:	or				
Last Name: Address: Telephone Number: Email: 3 Please describe your relationship	First Name: Postcode: Fax Number:	or				

4 Institution that the information is requested from and the information requested						
City College Norwich Paston (College	Easton Coll	ege			
I wish to have access to data that (confirm organisa indicate the information you require being as specif and concise manner.)	ation above	e) holds about me in relation to t	he following: (ple			
Declaration I certify that the information given in this application Information Compliance team on behalf of the organ Data Subjects' identity and it may be necessary to s	nisation/da	ata controller defined in section 4	to confirm my/th	ıe		
Signed -		Date				
(Data Subject)						
Signed - (Third Party requesting information – if sections	s 2 & 3 ha	Date ve been completed)				
I enclose the following documentation:						
For Data Subjects	Evidenc	e of own identity*				
For those acting on behalf of Data Subject		ce of the Data Subject's identity* authority from the Data Subject permitting you to act on half				
* A copy of Photographic ID is preferred such as part can be copied if presented in person). In limit be accepted as proof of identity. Identity docume returned by recorded delivery (if originals are part change has occurred so that the name on the residentity, further evidence will be needed to suppose.	ed cases a ents such a provided); ecord held b	current utility bill or evidence of means birth certificates, passports and drutility bills etc will be returned by firstroy CCN is different from that in the s	ans-tested benefits iving licences will to tale to licences will to tales post. If a naubmitted proof of	s may be		
The details you provide on this form will only be use and for statistical purposes.	ed in conn	ection with your application for th	ne supply of docu	uments		
If you are submitting your request electronically, pleaemail: data_protection@ccn.ac.uk	ase submit	your request to:				
If you wish to submit your request via post, please forward/return your completed form to:		For Office use only:				
Information Compliance				1		
Thetford Building		Identity Document:	Date	1		
City College Norwich, Ipswich Road				1		
Norwich NR2 2LJ		Identity Document Rec'vd:				

Tel: 01603 773176