



Minsthorpe Community College

Data Subject Access Request Form

Under the Data Protection Act 2018 an individual is entitled to ask the College for a copy of all the personal information which it holds about them.

If you would like to access personal information that the College holds about you please complete this form and together with proof of identity (**copy of driving licence, passport etc.**) and £10:00 administration fee (cheques payable to Minsthorpe Community College), send it to:

Minsthorpe Community College
Minsthorpe Lane
South Elmsall
Ponterfract
West Yorkshire
WF9 2UJ

1. PERSONAL DETAILS

Title Mr/Mrs/Ms _____ Date of Birth _____

Full Name _____

Present Address _____

Post code _____

Tel. No _____

Motivation ♦ Commitment ♦ Care

Minsthorpe Lane, South Elmsall, West Yorkshire, WF9 2UJ T. 01977 657600 E. enquiries@minsthorpe.cc **minsthorpe.cc**

Principals Mark Gilmore & Rachael Merritt



2. DETAILS OF THE INFORMATION YOU REQUIRE.

Please state what information you require and the reasons why you believe the College would have personal information about yourself in its files. Please provide any details that will help the College to locate the information.

Data Subject Declaration (to be completed by someone requesting information on their own behalf)

In exercising my right granted to me under the Data Protection Act 2018, I request that you provide me with a copy of the personal data about me which you process for the purposes I have indicated above.

I confirm that the above is all of the personal data that I am requesting. I also confirm that I am the data Subject and not someone acting on their behalf.

Signed _____ **Date** _____

Data Subject Declaration (to be completed by someone requesting information on behalf of another person)

I confirm that I am acting on behalf of the following data subject: and have submitted proof* of my authority to do so.

(Please insert the name of the person you are acting on behalf of)

Name _____ **Tel No** _____

Address _____

_____ **Post code** _____

*Please include proof with your DSAR Form that you are authorised to act on behalf of the data subject.

Signature _____ **Date** _____

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