



Annexe 1
Birkbeck
Subject Access Request Form



1. Details of the person requesting the information.

Full name: _____
Address: _____

Telephone number: _____
Fax Number: _____
Email: _____

2. Are you the Data Subject?

YES

If you are the Data Subject please supply evidence of your identity i.e. library card, driving licence, birth certificate (or photocopy) and, if necessary, a stamped addressed envelope for returning the document. Please also state your relationship to Birkbeck:

- I am a current/former member of staff
- I am a current/former student
- I am neither of the above

Please now go to question 5.

NO

Are you acting on behalf of the Data Subject with their written authority? If so, that authority must be enclosed. Please also state the relationship of the Data Subject to Birkbeck:

- The Data Subject is a current/former member of staff
- The Data Subject is a current/former student
- The Data Subject is neither of the above

Please now go to questions 3 and 4.

3. Details of the Data Subject (if different from 1.)

Full name: _____
Address: _____

Telephone number: _____
Fax Number: _____
Email: _____

4. Please describe your relationship with the Data Subject that leads you to make this request for information on their behalf.

5. If you wish to see only certain specific document(s), for example a particular examination report, a specific departmental file etc, please describe these below:



6. If you would like a more general search, please note that the College is able to search the following sections for personal data. Please indicate the sections that you would like searched:

- Registry
- Human Resources
- Library
- Finance
- School/Faculty/Research Centre files and information systems

Please specify which School/Faculty/Research Centre(s):

- Other
- Administrative Department files and information systems

Please specify which Administrative Department(s):

7. Declaration

I, _____, certify that the information given on this application form is true. I understand that it is necessary for the College to confirm my/the Data Subject's Identity and it may be necessary for more detailed information to be obtained in order to locate the correct information.

Signed: _____

Date: _____

Please return the completed form to the appropriate Designated Data Controller at the address given below:

For students/
former students: The Registrar

For staff/former staff: The Director of Human Resources

For all others: The College Secretary

Birkbeck, University of London, Malet Street,
Bloomsbury, London WC1E 7HX

Documents which must accompany this application are:

- evidence of your identity
- evidence of the Data Subject's identity (if different from above)
- evidence of the Data Subject's consent to disclose to a third party (if required as indicated above)
- a fee of £10 (cheques to be made payable to Birkbeck College)
- a stamped addressed envelope for return of proof of identity/authority documents, where appropriate

Please note that the College reserves the right to obscure or suppress information that relates to other third parties (under the terms of Section 7 of the Data Protection Act 1998).

Office use only

Request received: _____

Date completed: _____

Notes:

This form is based, with grateful acknowledgement, on an example given on the Lancaster University Data Protection Project website at: http://www.dpa.lancs.ac.uk/approved/subject_access_requests.htm