Grove Road Houghton Regis Bedfordshire LU5 5PE

<u>Telephone</u> 01582 863516

Silver Birch Avenue Houghton Regis Bedfordshire LU5 7AA

Telephone 01582 863516



Head Teacher: Mrs Bernice Waite Deputy Head Mr Chris Gunning

Email:

schooloffice@thornhillprimary.co.uk **Website:** www.thornhill-primary.co.uk

'Empowering children through sustainable, diverse, arts-enriched education'

Subject Access Request (SAR) Form

You can use this form to request access to your personal information held by our school. Our school's **Privacy Notices** details the personal information held, how we use this information and the reasons why we share this information.

You should describe the information you need as clearly as possible: it is not sufficient to ask for "everything about me". If your request is too broad or unclear, we may need to ask you to be more specific.

In addition, you must also enclose **proof of your identity** such as a photocopy of your passport, driving licence, or birth certificate.

This Subject Access Request form and proof of identity should be sent to the Senior School Business Manager – Amanda Taylor at the following address Grove Road, Houghton Regis, Bedfordshire, LU5 5PE or emailed to schooloffice@thornhillprimary.co.uk with a subject heading of SAR. If you need assistance with completing this form or have any questions regarding the SAR process, please contact the school office.

Section 1 – Details of person requesting information (requester)

Title :	Mr Mrs Miss Ms Title (please state):
Forename(s):	
Surname:	
Daytime	
Telephone No:	
Email Address:	
Current Address:	
Postcode	







Section 2 - Are you the Data Subject?

☐ Yes - I am the Data Subject (the person the information is about) (go to Section 4): As the Data Subject, you will need to provide evidence of your identity so that we can check we are releasing the data to the correct person						
If you are act. Data Subject require confir If you are act.	ing on behalf of to obtain their p mation of the id ing on behalf of	ersonal data before this lentity of the Data Subje	t provide written authorisation from the s request can be processed. We will still ect. de evidence of parental responsibility			
Title (please tick	Title (please tick Mr Mrs Miss Ms Title (please state):					
one): Forename(s):						
Totellame(s).						
Surname:						
Current Address:						
Postcode						
My relations	hip to the data subject is:	(e.g. parent; carer; leg	gal representative)			
of authorisation	from the Data	ove provided evidence Subject to act on their behalf ity; Power of Attorney)	□ Yes □ No			



I have provided evidence of parental responsibility for

If the Data Subject is a child,

the Data Subject





☐ Yes

□ No

Section 4 - Details of Information Required

Please use this space to give us any details about the information you are requesting. You should describe the information you need as clearly as possible: it is not sufficient to ask for "everything about me" or "everything about my child". If your request is too broad or unclear, we may need to ask you to be more specific.

	•	he information to be ser					
	Receive the information by post*	Collect the information in person		View a copy of the information only		Go through the information with the office	
	Receive the information in electronic format	You will be sent an emo with your personal date need to download the o Details of the encryptio request is made	a inclu appro	uded in encrypted o priate software to	attac decry	hments. You will opt the data.	

^{*} We will ensure that the information is addressed correctly. However, we cannot be held liable if the information is lost in the post or incorrectly delivered or opened by someone else in your household.

** If you are making the request on behalf of another adult, we will in the first instance contact the Data Subject for authorisation regarding who we send the information to







Section 6 – Declaration

Verification of identity is required before your request can be processed.

I enclose	as verification of i	dentity	y a photocopy	y of my:			
	Driving Licence		Passport		Birth Certificate		Other
Data Subj	ect Declaration						
I understa	nat, to the best of and that the school to obtain furthe	ol is ob	liged to confi	rm proof	of identity/au	uthority a	
Print Nam	ne:						_
Signed:							_
Date:							
OR							
Authorise	d person Declara	tion					
I confirm that I am legally authorised to act on behalf of the Data Subject. I understand that the school is obliged to confirm proof of identity/authority and it may be necessary to obtain further information in order to comply with this subject access request.							
Print Nam	ne:						_
Signed:							_
Date:							
•	,	•	•				l kept for as long as f in a safe and secure







Office Use			SAR Reference No	
Actioned By			Date Form Received	
ID Checked Date			Agreed Response date	
Information			Date Responded	
requested				
confirmed Date				
	Added to SAR Log	Y/N		
Notes				





