Grove Road
Houghton Regis
Bedfordshire
LU5 5PE
Telephone & Fax:
01582 863516

Head Teacher:
Mrs Bernice Waite

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

'Every child is unique and at the heart of everything we do'

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 – Lynne Waite at the following address Grove Road, Houghton Regis, Bedfordshire, LU5 5PE or emailed to **gdprofficer@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

☐ **No - I am acting on behalf of the Data Subject** (go to Section 3)
If you are acting on behalf of another adult, you must provide written authorisation from the Data Subject to obtain their personal data before this request can be processed. We will still require confirmation of the identity of the Data Subject.
If you are acting on behalf of a child, you must provide evidence of parental responsibility

Section 3 – Details of Data Subject (if different from Section 1)

Title (please tick one):	Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Title (please state):
Forename(s):	
Surname:	
Current Address:	
Postcode	

My relationship to the data subject is:	(e.g. parent; carer; legal representative)

If the Data Subject is an adult, I have provided evidence of authorisation from the Data Subject to act on their behalf *(e.g. letter of authority; Power of Attorney)*	☐ **Yes** ☐ **No**
If the Data Subject is a child, I have provided evidence of parental responsibility for 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.

Section 5 – How you wish the information to be sent to you

Please indicate how you wish to receive the information:

☐ Receive the information by post*	☐ Collect the information in person	☐ View a copy of the information only	☐ Go through the information with the Office Manager – Suzanne Peak
☐ Receive the information in electronic format	*You will be sent an email to the email address entered in Section 1** with your personal data included in encrypted attachments. You will need to download the appropriate software to decrypt the data. Details of the encryption software will be provided at the time your request is made*		

** 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 identity a photocopy of my:

☐ Driving Licence ☐ Passport ☐ Birth Certificate ☐ Other

Data Subject Declaration

I certify that, to the best of my knowledge, the information I have provided in this form is correct.
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 Name: _____

Signed: _____

Date: _____

OR

Authorised person Declaration

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 Name: _____

Signed: _____

Date: _____

The information you have provided in this form will be kept confidential and kept for as long as necessary in accordance with our data retention schedule and will be disposed of in a safe and secure manner.

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