



## SUBJECT ACCESS REQUEST FORM

Please ensure that you include information (including changes) relating to any information provided

DATA SUBJECT DETAILS:

<b>Title</b>	Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>
<b>Current Surname</b>						
<b>Any previous names</b>						
<b>First name(s)</b>						
<b>Current address</b>						
<b>Previous Address if applicable</b>						
<b>Telephone number:</b>						
<b>Home</b>						
<b>Work</b>						
<b>Mobile</b>						
<b>Email address</b>						
<b>Date of birth</b>						
<b>ID 1 provided</b> <b>ID 2 provided</b>	<ul style="list-style-type: none"><li>• Passport   Driving licence</li></ul>					
<b>Details of data requested:</b>	Please use final comments box if more space is required					



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<b>Reason for Request</b>	
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### 2. DETAILS OF PERSON REQUESTING THE INFORMATION (if not the data subject)

Are you acting on behalf of the data subject with their [written] or other legal authority?  For example, letter of authority, letters or official forms addressed to you on behalf of the data subject or power of attorney.	Yes <input type="checkbox"/> No <input type="checkbox"/>				
If 'Yes' please state your relationship with the data subject (e.g. parent, legal guardian or solicitor)					
<b>Title</b>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>
<b>Surname</b>					
<b>First name(s)</b>					
<b>Current address</b>					
<b>Telephone number:</b>					
<b>Home</b>					
<b>Work</b>					
<b>Mobile</b>					
<b>Email address</b>					



BRITISH  
ACADEMY

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COMMENTS



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DECLARATION

I, ....., the undersigned and the person identified in (1) above, hereby request that the British Academy provide me with the data about me identified above.

Signature:

Date:

DECLARATION

I, ....., the undersigned and the person identified in (2) above, hereby request that the British Academy provide me with the data about the data subject identified in (1) above.

Signature:

Date:

This form, together with the required proof should be sent by secure method to:-

Data Protection Officer  
10-11 Carlton House Terrace,  
London  
SW1Y 5AH.

On receipt of your form and documents, we will acknowledge the request by return and fulfil the request under the requirements of GDPR. As we will need original documents to confirm your ID – we would recommend that you do not send them via standard post and would suggest Special Delivery or other secure method. We will return them securely and will not keep copies once we have validated your information.