

**Data Request Form**

Bradford College Students’ Union collects and processes certain types of data about our members, to enable us to deliver our services and activities. As a data subject, you have a legal right under the General Data Protection Regulations (GDPR) to find out about our use of your personal data.

This form is to be used by anyone requesting that their data be rectified, erased or restricted from Bradford College Students’ Union; for those objecting to the processing of their data; or for those wishing to move, copy or transfer their personal data. It can also be used to give us details of a representative acting on your behalf.

**We will require proof of your identity.** Your request will be processed within 30 days of receiving this form along with a copy of two types of identification so that we can identify both your name and your address (passport, driving licence, birth certificate, bank statement, utility bill or alternative evidence at the discretion of the Data Protection Lead).

1. **Personal Details**

**Surname/Family Name:**

**First Name(s)/Forename(s):**

**Date of Birth:**

**Postal Address:**

**Contact Email Address:**

**Contact Telephone Number:**

1. **Proof of Identity**

Please tell us which **two** copies of identification (passport, driving licence, birth certificate, bank statement etc) you have included with this request:

1. **Details of Your Representative**

Only complete this section if you have a representative making the data request on your behalf. If not, please go to section 4.

**Surname/last name of representative:**

**First name(s)/Forename(s):**

**Organisation:**

**Contact Address:**

**Contact Email Address:**

**Contact Telephone Number:**

If you are making a data request on behalf of the data subject you must provide proof of identity and official documentation showing that you are authorised to apply on behalf of the data subject. This is to protect the identity of the data subject and to ensure our compliance with the General Data Protection Regulations.

1. **Action Requested:**

Please tick the appropriate box to tell us what you would like to happen with your data:

I would like my personal data to be erased

I would like my personal data to be rectified

I would like the processing of my data to be restricted

I would like to object to the processing of my data

I would like to be able to move, copy or transfer my personal data (data portability)

Please use the box below to provide specific details about what you are asking us to do with your data, and which specific data you are referring to. Use an additional sheet of paper if necessary.

1. **Declaration**

Please sign below to show that you agree with the following statement:

*I hereby declare that the information provided on this form is correct.*

If anyone is found to be making a false application through misrepresentation, the union will immediately refer the matter to West Yorkshire Police and the Information Commissioners Office, as well as action being taken under the union’s disciplinary procedures.

**Signature of Applicant:**

**Date:**

**Signature of Representative (if applicable):**

**Date:**