Data Subject Access Request Form

Section 1: Details of the person to whom the information relates (Data Subject)	
Title	☐ Mr ☐ Mrs ☐ Miss ☐ Ms Other . . . .
Surname	
Forename (s)	
Maiden Names /Former Names	
Date of Birth	
Address	

Post Code		Phone	
e-mail			

I enclose a copy of one of the following as proof of identity of the data subject:
        ☐ Birth Certificate   ☐ Driving Licence   ☐ Passport

If none is available contact the Quality Assurance & Enhancement Manager to discuss other forms of suitable identification

Please also provide proof of your address such as a recent utility bill (dated within last 3 months).

Section 2: Are you the Data Subject?
☐ YES (go to section 4)   ☐ NO (go to section 3)

Section 3: Details of the person acting on behalf of the Data Subject	
Title	☐ Mr ☐ Mrs ☐ Miss ☐ Ms Other . . . .
Surname	
Forename(s)	
Address	

Post Code		Telephone	

What is your relationship to the Data Subject?

If NOT the data subject please supply documentary evidence you have the data subject's authority or legal standing to request this information in the form of:
        ☐ Data Subject's Written Authority
        ☐ Enduring Power of Attorney
   or   ☐ Evidence of Parental Authority

Please provide proof that you are the person authorised to act on behalf of the Data Subject by providing one of the following:

        ☐ Birth Certificate   ☐ Driving Licence   ☐ Passport

If no documentary evidence is available please contact the Quality Assurance & Enhancement Manager to discuss your request and possible other forms of identification.

Section 4: Details of Information being requested:

Please help us to deal with your request quickly and efficiently by giving as much detail as possible about the information you want.

Information Requested	
Dates of Information being requested	From: To:
Further relevant details to help us locate the information	

Section 5: Access to Information

Do you wish to   ☐ View the information   ☐ Be supplied with a copy

Do you have any special requirements to view the information or in what format it is provided	

Section 6: Declaration

I certify that the information given on this form to the Royal Northern College of Music 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 the College to obtain more information in order to locate the correct information.

Signed . . . .

Date . . . .

Warning – A person who unlawfully obtains or attempts to obtain personal information is guilty of a criminal offence and is liable to prosecution

Section 7: Before submitting this form please check that you have:

☐ Enclosed proof of the identity of the person to whom the information relates (See section 1)
☐ Enclosed proof of address (See section 1)
☐ Enclosed proof of authority to act on behalf of the data subject (See section 3)
☐ Enclosed proof of your identity if acting on behalf of the data subject (See section 3)
☐ Given enough details for us to locate the information you want (See section 5)
☐ If the individual is deceased please provide proof of death and proof of your relationship to the individual.
☐ Signed and Dated the Declaration
☐ Completed all sections

Please submit this form and accompanying documents by post to the Quality Assurance & Enhancement Manager, Royal Northern College of Music, 124 Oxford Road, Manchester, M13 9RD. foi@rncm.ac.uk

Office Use Only:

Request received . . . .

Fee Received (if applicable). . . . .

Notes and Actions . . . .
. . . .
. . . .
. . . .

Date Completed . . . .