

Data Subject Erasure Request Form

Article 17 of the EU General Data Protection Regulation (Regulation (EU) 2016/679) (GDPR) grants you the right to request the erasure of certain personal data held by the London School of Hygiene & Tropical Medicine.

We require that you submit this request electronically via email to dpo@lshtm.ac.uk. We will then seek to authenticate your identity.

We expect to respond to your request within one month of receipt of a fully completed form and proof of identity.

For more information on your rights under the **GDPR**, see **LSHTM's** Privacy Notice available at: <https://www.lshtm.ac.uk/aboutus/organisation/data-protection/privacy-notices>

I. Requester Name (Data Subject) and Contact Information

Please provide the data subject's information in the space provided below. If you are making this request on the data subject's behalf, you should provide your name and contact information in Section III.

We will only use the information you provide on this form to identify you and the personal data you are requesting to erasure, and to respond to your request.

First and last name:	
Any other names that you have been known by (including nicknames):	
Home address:	
Date of birth:	
Telephone number:	
Email address:	
If you are a current or former employee of LSHTM, please provide your employee identification number and your approximate dates of employment:	

II. Proof of Data Subject's Identity

We require proof of your identity before we can respond to your access request. To help us establish your identity, you must provide identification that clearly shows your name, date of birth, and current address.

We accept a photocopy or a scanned image of one of the following as proof of identity: current LSHTM photo ID, passport or photo identification such as a driver's license, national identification number card, or birth or adoption certificate. If you have changed your name, please provide the relevant documents evidencing the change.

If you do not have any of these forms of identification available, please contact the Data Protection Office on dpo@lshtm.ac.uk for advice on other acceptable forms of identification.

We may request additional information from you to help confirm your identity and your right to access, and to provide you with the personal data we hold about you. We reserve the right to refuse to act on your request if we are unable to identify you.

III. Requests Made on a Data Subject's Behalf

Please complete this section of the form with your name and contact details if you are acting on the data subject's behalf.

First and last name:	
Home address:	
Date of birth:	
Telephone number:	
Email address:	

We accept a photocopy or a scanned image of one of the following as proof of your identity: passport or photo identification such as a driver's license, national identification number card, or birth or adoption certificate. If you do not have any of these forms of identification available, please contact the Data Protection Office on dpo@lshtm.ac.uk for advice on other acceptable forms of identification. We may request additional information from you to help confirm your identity if necessary.

We also require proof of the data subject's identity before we can respond to the request. To help us establish the data subject's identity, you must provide identification that clearly shows the data subject's name, date of birth, and current address. We accept a photocopy or a scanned image of one of the following as proof of identity: passport or photo identification such as a driver's license, national identification number card, or birth or adoption certificate. If the data subject's name has changed, please provide the relevant documents evidencing the change.

We accept a copy of the following as proof of your legal authority to act on the data subject's behalf: a written consent signed by the data subject, or a certified copy of a Power of Attorney.

We may request additional information from you to help confirm the data subject's identity. We reserve the right to refuse to act on your request if we are unable to identify the data subject or verify your legal

authority to act on the data subject's behalf.

IV. **Information Requested**

Under Article 17, you have the right to request the erasure of your personal data if one of the following grounds applies:

- The personal data is no longer necessary for the purpose we collected it for.
- You withdrew your consent to our processing activities and no other legal justification for processing applies.
- You are objecting under GDPR Article 21(1) to:
 - processing that is necessary for us to perform a task in the public interest or in the exercise of our official authority; and
 - there are no overriding legitimate grounds to process the personal data.
- You are objecting under GDPR Article 21(1) to:
 - processing that is necessary to pursue our or a third party's legitimate interests; and
 - there are no overriding legitimate grounds to process the personal data.
- You are objecting under GDPR Article 21(2) to processing for direct marketing purposes.
- We unlawfully processed your personal data.
- EU or member state law requires us to erase your personal data to comply with a legal obligation.
- We collected the personal data in the context of offering online services to children under GDPR Article 8(1).

To help us process your request quickly and efficiently, please provide as much detail about the personal data you are requesting erasure of and the above ground or grounds you are relying on to request erasure of your personal data.

If we made the personal data that is the subject of your erasure request public, we will take reasonable steps, including technical measures, to inform other organizations processing your personal data that you have requested erasure, including any links to, and copies of, the personal data.

We will communicate the erasure of the personal data to each recipient to whom we disclosed the personal data (for example, our third-party service providers who process the data on our behalf), unless this is impossible or involves disproportionate effort. We will also inform you about those recipients if you request it.

We will contact you for additional information if the scope of your request is unclear or does not provide sufficient information for us to conduct a search (for example, if you request erasure of "all information about me").

Applicable law may allow or require us to refuse to act on your request, or we may have destroyed, erased, or made your personal data anonymous in accordance with our record retention obligations and

practices. If we cannot honor your erasure request, we will inform you of the reasons why, subject to any legal or regulatory restrictions. If we determine that the personal data you are requesting to erase is not subject to Article 17, we will inform you of this decision.

We will begin processing your erasure request as soon as we have verified your identity and have all of the information we need to locate your relevant personal data.

V. Signature and Acknowledgment

I, _____, confirm that the information provided on this form is correct and that I am the person whose name appears on this form. I understand that: (1) **LSHTM** must confirm proof of identity and may need to contact me again for further information; and (2) my request will not be valid until **LSHTM** receives all of the required information to process the request.

Signature

Date

VI. Authorized Person Signature

I, _____, confirm that I am authorized to act on behalf of the data subject. I understand that **LSHTM** must confirm my identity and my legal authority to act on the data subject's behalf, and may need to request additional verifying information.

Signature

Date