

LONDON SCHOOL OF HYGIENE & TROPICAL MEDICINE

DATA PROTECTION ACT 1998
SUBJECT ACCESS REQUEST FORM

<p>1. Details of the person requesting the information</p> <p>Full name.....</p> <p>Address.....</p> <p>.....</p> <p>Telephone number.....Fax number.....</p> <p>Email.....</p>
<p>2. Are you the Data Subject?</p> <p><u>YES</u> if you are the Data Subject please supply evidence of your identity i.e. library card, driving licence, birth certificate (or photocopy) and if necessary, a stamped addressed envelope for returning the document (please go to question 5).</p> <p><u>NO</u> are you acting on behalf of the Data Subject with their written authority? If so, that authority must be enclosed (please complete questions 3 and 4)</p>
<p>3. Details of the Data Subject (if different to 1.)</p> <p>Full name.....</p> <p>Address.....</p> <p>.....</p> <p>Telephone number.....Fax number.....</p> <p>Email.....</p>
<p>4. Please describe your relationship with the Data Subject that leads you to make this request for information on their behalf.</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>5. If you wish to see only certain specific document(s), for example a particular examination report, a specific departmental file etc, please describe these below:</p> <p>.....</p> <p>.....</p> <p>.....</p>

6. If you would a more general search, please note that the University will normally automatically search the following sections for personal data:

Registry, Personnel, any academic unit that you have studied with as part of your degree or worked in. Please inform us of any other departments or units that you have been in contact with which you would like to be searched for relevant data.

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7. Declaration

I..... certify that the information given on this application form to the London School of Hygiene & Tropical Medicine is true. I understand that it is necessary for the School to confirm my/Data Subject's identity and it may be necessary to obtain more detailed information in order to locate the correct information.

Signed.....Date.....

Please return the completed form to The Archivist & Records Manager, London School of Hygiene & Tropical Medicine, Keppel Street, London, WC1E 7HT. Documents which must accompany this application are:

- a) Evidence of your identity
- b) Evidence of the Data Subject's identity (if different from above)
- c) Evidence of the Data Subject's consent to disclose to a third party (if required as indicated above)
- d) Where appropriate, a fee of £10 (cheques to be made payable to the London School of Hygiene & Tropical Medicine)
- e) Stamped addressed envelope for return of proof of identity/authority documents, where appropriate

Please note that the School reserves the right to obscure or suppress information that relates to other third parties (under the terms of Section 7 of the Data Protection Act 1998).

Office use only

Date request received.....

Fee received.....

Notes.....

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Date completed.....