



SUBJECT ACCESS REQUEST FORM

PART A – APPLICATION FOR ACCESS TO PERSONAL DATA

A1 Are you making this request for information on your own behalf?

Yes Please complete sections A2 & A3 below No Please move on to Part B

A2 Name

Address

Telephone (Daytime)

(Evening)

*We have a responsibility to ensure that we keep your information safe. For that reason we ask you to provide us with some proof of identity. Please let us have a copy of your passport, driving licence, or other document showing your name and signature. Please also provide us with a recent bill (eg a utility bill) showing your name and address. This will help us to verify proof of your identity. **We will not be able to respond to your request unless you provide this information.***

A3 Details of personal data which Southampton City Council may have about you.

It would be helpful if you could provide as much information as possible. This is to help us find the information that you require. *(Please continue on a separate sheet if necessary)*

What is your relationship with Southampton City Council (eg are you an employee, customer)?

Please give us as much detail as you can about the specific information you require which will help us to locate it. *Example:* if you are a customer, you may want information relating to your account with us. Please provide us with your account number(s).

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Employees only: please provide:

i Your current job title (and any previous positions with Southampton City Council)

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.....

ii Your employee number

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iii Your current location (and any previous locations where you have worked)

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.....

iv How long have you been employed by Southampton City Council?

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PART B – APPLICATION MADE ON BEHALF OF A DATA SUBJECT

B1 If you are making this request for information on behalf of someone else (the “data subject”) please state the nature of your relationship with the data subject. Please expand in all cases.

Parent

.....

Other

.....

Legal Representative

.....

.....

B2 Is the Data Subject under the age of 18? Yes No

If yes, please state his or her age

B3 Please provide the following details in relation to the data subject:

Name

Address

.....
.....

Telephone (Daytime)

(Evening)

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B4 Details of personal data which Southampton City Council may have about the Data Subject.

It would be helpful if you could provide as much information as possible. This is to help us find the information that you require. *(Please continue on a separate sheet if necessary)*

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What is the data subject's relationship with Southampton City Council (eg is s/he an employee, customer)?

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Please give us as much detail as you can about the specific information you require which will help us to locate it. *Example:* if you are a customer, you may want information relating to your account with us. Please provide us with your account number(s).

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For data subjects who are employees: please provide:

i The data subject's current job title (and any previous positions with Southampton City Council)

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ii The data subject's employee number _____

iii The data subject's current location (and any previous locations where s/he has worked)

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.....

iv Details of how long the data subject has been employed by Southampton City Council? _____

Your Name _____
Your Address _____

Telephone (Daytime) _____ (Evening) _____

Your authority to make this application on behalf of the Data Subject (please enclose a copy of your authority).

We have a responsibility to ensure that we keep your information safe. For that reason we ask you to provide us with some proof of identity. Please let us have a copy of your passport, driving licence, or other document showing your name and signature. Please also provide us with a recent bill (eg a utility bill) showing your name and address. This will help us to verify proof of your identity. **We will not be able to respond to your request unless you provide this information.**

PART C – FEE

Under the Data Protection Act 1998 we are entitled to charge an administration fee of £10 for processing your application. Please make your cheque payable to **Southampton City Council**.

Once you have completed the form and checked that the information you have provided is accurate, please sign and date it below.

Return this entire form, together with the fee and proof of your identity (and signed copy of your authority, where appropriate) to the following address:

Information Compliance Officer
Southampton City Council
Legal & Democratic Services
Civic Centre
SOUTHAMPTON
SO14 7LY

Signed _____ Dated _____

FOR OFFICE USE ONLY:

Date Received: _____ Fee received: _____

Verification documentation:	Name & Signature:	Passport	<input type="checkbox"/>
		DL	<input type="checkbox"/>
	Address:	Utility Bill	<input type="checkbox"/>