## DATA SUBJECT ACCESS REQUEST

1. DATA SUBJECT DETAILS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** | Mr | Mrs | Miss | Ms | Other: |
| **Surname** |  | | | | |
| **First name(s)** |  | | | | |
| **Current address** |  | | | | |
| **Telephone number:** |  | | | | |
| **Home** |  | | | | |
| **Work** |  | | | | |
| **Mobile** |  | | | | |
| **Email address** |  | | | | |
| **Date of birth** |  | | | | |
| **Details of identification provided to confirm name of data subject:** |  | | | | |
| **Details of data requested:** |  | | | | |

* 1. DETAILS OF PERSON REQUESTING THE INFORMATION (if not the data subject):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you acting on behalf of the data subject with their *[written]* or other legal authority? | | | Yes  No | | |
| If ‘Yes’ please state your relationship with the data subject (e.g. parent, legal guardian or solicitor) | | |  | | |
| **Please enclose proof that you are legally authorised to obtain this information.** | | | | | |
| **Title** | Mr | Mrs | Miss | Ms | Other: |
| **Surname** |  | | | | |
| **First name(s)** |  | | | | |
| **Current address** |  | | | | |
| **Telephone number:** |  | | | | |
| **Home** |  | | | | |
| **Work** |  | | | | |
| **Mobile** |  | | | | |
| **Email address** |  | | | | |

1. DECLARATION

I, ………………………………………………………, the undersigned and the person identified in (1) above, hereby request that Glasgow Science Centre provide me with the data about me identified above.

Signature: Date:

I, ………………………………………………………, the undersigned and the person identified in (1.1) above, hereby request that Glasgow Science Centre provide me with the data about the data subject identified in (1) above.

Signature: Date

DSAR form completed by (employee name):