**Appendix X to the Data Protection Policies**

**Standard Request Form for Access to Data**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name(s) : |  | | | |
| Family Name: |  | | | |
| Previous family name if applicable: |  | | | |
| Date of Birth |  | National Insurance No | |  |
| Current Address |  | | | |
|  | | | |
|  | | Postcode |  |
| Contact telephone number |  | | | |

I ……………………………………...wish to have access to the data that the Sheffield College has about me in the following categories:

|  |  |
| --- | --- |
| Academic marks or course work details |  |
| Disciplinary records |  |
| Health and medical matters |  |
| Political, religious or trade union information |  |
| Any statements of opinion about my abilities or performance |  |
| Personal details including name, address, date of birth, etc |  |
| Photographs of myself by my ID |  |
| Biometric data for myself |  |
| Voice recording of myself |  |

* Other information (please specify)

…………………………………………………………………………….

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(Please tick as appropriate)

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form should be returned to the receptionist at your Local College.