

Willow Nursery School

Subject Access Request (SAR) Form

You can use this form to request access to your personal information held by our school. Our school's **Privacy Notices** details the personal information held, how we use this information and the reasons why we share this information.

You should describe the information you need as clearly as possible: it is not sufficient to ask for "everything about me". If your request is too broad or unclear, we may need to ask you to be more specific. In addition, you must also enclose **proof of your identity** such as a photocopy of your passport, driving licence, or birth certificate.

This Subject Access Request form and proof of identity should be sent to the School Secretary at the following address Willow Nursery School, Goldstone Crescent, Dunstable LU5 4QU or emailed to the School Manager tevans@willownurseryschool.co.uk

If you need assistance with completing this form or have any questions regarding the SAR process, please contact our School Manager – Trina Evans on 01582 662600 or tevans@willownursery.co.uk

Title :	Mr 🗌 Mrs 🗌 Miss 🗌 Ms 📄 Title (please state):
Forename(s):	
Surname:	
Daytime Telephone	
No:	
Email Address:	
Current Address:	
Postcode	

Section 1 – Details of person requesting information (requester)

Section 2 - Are you the Data Subject?

the data to the correct person

□ Yes - I am the Data Subject (the person the information is about) (go to Section 4): As the Data Subject, you will need to provide evidence of your identity so that we can check we are releasing

□ No - I am acting on behalf of the Data Subject (go to Section 3)

If you are acting on behalf of another adult, you must provide written authorisation from the Data Subject to obtain their personal data before this request can be processed. We will still require confirmation of the identity of the Data Subject.

If you are acting on behalf of a child, you must provide evidence of parental responsibility

Section 3 – Details of Data Subject (if different from Section 1)

Title (please tick one):	Mr Mrs Miss Ms Title (please state):					
Forename(s):						
Surname:						
Current Address:						
Postcode						
My relationship to the data subject is: (e.g. parent; carer; legal representative)						
If the Data Subject is an adult, I have provided evidence of authorisation from the Data Subject to act on their behalf (e.g. letter of authority; Power of Attorney)			□ Yes □ No			
I have provided ev	If vidence of parental	□ Yes □ No				

Section 4 – Details of Information Required

Please use this space to give us any details about the information you are requesting. You should describe the information you need as clearly as possible: it is not sufficient to ask for "everything about me" or "everything about my child". If your request is too broad or unclear, we may need to ask you to be more specific.

1	
1	
1	
1	
1	
1	
1	
1	

Section 5 – How you wish the information to be sent to you

Please indicate how you wish to receive the information:

Receive the	Collect the	View a copy of the
information by	information in	information only
post*	person	

* We will ensure that the information is addressed correctly. However, we cannot be held liable if the information is lost in the post or incorrectly delivered or opened by someone else in your household.

Section 6 – Declaration

Verification of identity is required before your request can be processed.

I enclose as verification of identity a photocopy of my:							
	Driving Licence		Passport		Birth Certificate		Other
Data Subj	ect Declaration						
I certify that, to the best of my knowledge, the information I have provided in this form is correct. I understand that the school is obliged to confirm proof of identity/authority and it may be necessary to obtain further information in order to comply with this subject access request.							
Print Nam	e:						
Signed:							
Date:							
OR							
Authorised person Declaration							
I confirm that I am legally authorised to act on behalf of the Data Subject. I understand that the school is obliged to confirm proof of identity/authority and it may be necessary to obtain further information in order to comply with this subject access request.							
Print Name:							
Signed:							
Date [.]							

The information you have provided in this form will be kept confidential and kept for as long as necessary in accordance with our data retention schedule and will be disposed of in a safe and secure manner.

Office Use			SAR Reference No	
Actioned By			Date Form Received	
ID Checked Date			Agreed Response date	
Information requested			Date Responded	
confirmed Date				
	Added to SAR Log	Y / N		
Notes				