



**DATA PROTECTION ACT 1998
APPLICATION FOR SUBJECT ACCESS**

Please complete this form in as much detail as possible. What you tell us here will be used only to help us find the information you have asked for.

1. Details of the Data Subject (the person whom the information is about).

Title:

First Name(s):

Last name:

Address:

Postcode:

Daytime telephone number:

Email:

2. Please check as appropriate.

- I am making this application about myself
 - I authorize someone else, (my agent), whose details are given below, to deal with this application on my behalf.
-

3. Agents Details. (Note: The Agent must complete the Agents Declaration on page 3)

Title:

First Name(s):

Last name:

Address:

Postcode:

Daytime telephone number:

Email:

Agents relationship to you (eg. Solicitor, Parent, Family Member, Power of Attorney etc.)

4. I would like the reply to this request to be send to (please tick).

- Home Home Address
 - My authorised agent's address
 - I would like to/I authorise my agent to collect the reply personally. (*You/your agent*) will be asked to produce proof of identity)
-

5. The information you require.

Please describe the information you seek. Please include any relevant information to help us identify the information you require. For example, the relevant Council services you have used, any customer or reference numbers, Council departments and names of staff you have had contact with. Please attach additional pages as required.

6. If you have already had contact within someone in the Council regarding this request, please indicate the name and location of the person you have spoken to.

Contact name

Date

I understand that to ensure confidentiality it may be necessary for the Council to obtain further information to confirm my identity and to locate the data sought.

Yours signature: _____

Date: _____

You should receive an acknowledgement of this request within 7days of receipt. If not, please contact the Headteacher on telephone 020 8808 2053 or email head@devonshirehill.haringey.sch.uk.

Please print this document, sign, date and post to:

Headteacher
Private and Confidential
The Devonshire Hill Nursery and Primary School
Weir Hall Road
London
N17 8LB

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AGENT'S DECLARATION

To be completed where someone else is applying for the information on behalf of the Data Subject

Title:

First Name(s):

Last name:

Organisation (if relevant) :

Postcode:

Daytime telephone number:

Email:

Relationship to Data Subject (*eg. Solicitor, Parent, Family Member, Power of Attorney etc.*)

I declare that I make this application on behalf of and solely in the interests of the named Data Subject
(*insert his/her name*):

I accept that to ensure confidentiality, The Devonshire Hill Nursery and Primary School may need to make further enquiries to validate this authorisation.

Agents signature: _____

Date: _____