

Headlands CE J I & N School - Subject Access Request Form

Personal information collected from you by this form is required to enable your request to be appropriately processed. This personal information will only be used in connection with the processing of this Subject Access Request.

This form is only to be used when making an application for personal data held by Headlands CE J I & N School.

Please note: Before logging your request we will require proof of identity by production of a passport, photo-driving licence or a recent utility bill in your name and current address. Please supply your proof of identity when making your application. A scanned or photocopied copy will be sufficient.

Name:	
Address:	
Previous Address: (If Applicable):	
Date of Birth:	
Contact Phone number:	
Email Address:	
Details of information requested:	

Parent applying on behalf of a child

If you are a parent applying for access on behalf of your child please complete the following and tick the relevant box.

Please note that you must be able to establish that you are legally able to act on behalf of your child. This generally means that you must have parental responsibility for him or her. It should be noted that a parent can only be granted access to their child's records if this is considered to be in the child's interests.

Name of child:	Date of Birth:
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I (Name of parent) am making a request for access to records on behalf of the child named above.

Tick as appropriate:

The child is incapable of understanding the request and I am making the request on his/her behalf

The child has consented to my making this request on his/her behalf and this consent was freely given

Child's signature (where consent is given):	Date:
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Applicant's signature

I declare that the information given by me is, to the best of my knowledge, correct and that I am entitled to apply for access to the information referred to above under the terms of the Data Protection Act 1998.

Signature:	Date of Request:
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Once Headlands CE J I & N School has received all the required information your request should be completed within one month. In exceptional circumstances where it is not possible to comply within this period you will be informed of the delay and given a timescale for when your request is likely to be met.

Please return this form to:

Address of school Mrs P Cocker
Headlands CE J I & N School
Headlands Road
Liversedge
WF15 6PR

Please note:

- The school may contact you for further clarification regarding the information required.
- Once the information has been collated you will be notified that your file is ready for collection or to be sent securely.

For schools use only

Form of ID Provided:	Date Request Received:
Date Request Acknowledged:	Target Date for Completion of SAR: