**UCEM**

**Data Subject Rights Request Form**

**About this Form**

This form is used by UCEM to confirm the identity of the Data Subject (of a third party acting on behalf of the Data Subject) making a rights request and the nature of the rights to be exercised.

Once completed, please send this form and any attachments to dataprotection@ucem.ac.uk or to the address below, marked for the attention of the Data Protection Officer.

Horizons

60 Queen's Road

Reading

Berkshire

RG1 4BS

**Data Subject’s Details**

Please confirm your contacts details:

|  |  |
| --- | --- |
| **Title** |  |
| **First Name** |  |
| **Surname** |  |
| **Address** |  |
| **Telephone No.** |  |
| **Email Address** |  |

**Identity Verification**

Please provide us with further information to enable us to verify your identity. If you provide additional documents for this purpose, please only send copies to us and not originals:

|  |  |
| --- | --- |
| **Details of further information to enable us to verify your identity**  |  |

**Third Parties Acting for the Data Subject**

If you are acting on behalf of a Data Subject, please confirm the nature of your relationship with the Data Subject and provide us with proof that you are entitled to act on behalf of the Data Subject. If you provide additional documents for this purpose, please only send copies to us and not originals Please also provide us with your contact details:

|  |  |
| --- | --- |
| **Details of your relationship with the Data Subject and proof provided** |  |
| **Your Title** |  |
| **Your Surname** |  |
| **Your Address** |  |
| **Your Telephone No.**  |  |
| **Your Email Address** |  |

**Nature of Request**

Please confirm the type of request you are making and provide us with any further information to help us facilitate your request:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Request** | [ ]  Subject access right request | [ ] Right to **r**ectification request | [ ]  Right to erasure request | [ ]  Right to restrict processing request |
| [ ]  Right of portability request | [ ]  Right to object request | [ ]  Automated decision-making request | [ ]  Withdrawal of consent |
| **Additional information related to your request** |  |

**Declaration**

I confirm I am the Data Subject named above:

|  |  |
| --- | --- |
| **Full Name** |  |
| **Date** |  |

OR

I confirm I am the third party named above and that I am entitled to act on behalf of the Data Subject named above:

|  |  |
| --- | --- |
| **Full Name** |  |
| **Date** |  |