



HERTFORDSHIRE COUNTY COUNCIL

SUBJECT ACCESS REQUEST FORM

Please fill in this form if you wish to apply to Hertfordshire County Council to have access to personal information under the General Data Protection Regulation.

This form is in four parts:

Parts A & D must be completed by all subjects.

Part B must be completed if the request is on behalf of another adult.

Part C must be completed if the request is on behalf of a child by a person who has parental responsibility.

A. Please give details of the person who the information is about (the data subject).

Full Name: _____

Any other names or aliases e.g.: middle names, birth names, maiden names, step-family names:
(Please give as much detail as possible as this will speed up our process in finding your files.)

Date of Birth: _____ Contact Telephone Number: _____

Current Address: _____

Email Address: _____

Information and dates of information that you are applying to see:
(Please give as much information as possible to enable us to identify and locate all information.)

B. Fill in this if you are applying on behalf of another adult. **(This part authorises the below named to act on the data subject's behalf:**

Full Name: _____ Contact Telephone Number: _____

Address: _____

Email Address: _____

Relationship to the person in Part A:

- Family Member Solicitor Advocate Other (please specify below):

* Signature: _____ * Date: _____

We may require additional Signed Form of Authority from the Data Subject to validate this request.

C. Fill in this part with **your** details, if you are applying on behalf of a child for whom you have parental responsibility.

Full Name: _____ Contact Telephone Number: _____

Address: _____

Email Address: _____

What is your relationship to the person in Part A?: _____

* Your signature: _____ * Date: _____

(Please tick the appropriate box.)

I am making the request on behalf of the child (please provide reason:)

OR

The child has consented to my making this request on his/her behalf.

Child's signature: _____ Date: _____

D. Data Subject or Carer / Parent with Parental Responsibility must sign here to validate this request.

If you have allocated an advocate to act on your behalf, please tick the box below:

I authorise (*Person named in part B*) _____ to act on my behalf.

I hereby request access to the personal information held by Hertfordshire County Council and declare that the information given in this form is correct.

* Signature: _____ * Date: _____

* *These are required fields.*

Please return:

- 1) this signed and completed form;
- 2) a photocopy of your PASSPORT or DRIVING LICENCE or other proof of personal identification;
- 3) a photocopy of a UTILITY BILL or other proof of address identification;

to: Data Protection Team, Room C1, CH0150, County Hall, Pegs Lane, Hertford, Herts, SG13 8DQ

(Please call our office on 01992 588099 to discuss any identification issues or for help filling out this form.)

In accordance with the General Data Protection Regulation the information on this form will only be used to enable the Council to meet your Subject Access Request. We will not share the information you have provided with a 3rd party. This form will be kept in a secure place for a period of 2 years then destroyed in accordance with the Council's Retention and Disposal Policy unless we are required to keep it longer e.g. to consider an appeal or complaint.

FOR OFFICE USE ONLY

DATE RECEIVED:

LEGAL REQUIREMENTS MET?

1. FORM SIGNED / COMPLETED

2. PROOF OF ID – PASSPORT / DRIVING LICENCE

3. PROOF OF ADDRESS – UTILITY BILL