

Brooke Hill Academy Trust SAR request form

Data Subject (person who information is about)

| | |
|---------------------------------------|--|
| Title | |
| Name | |
| Date of Birth | |
| Year group (if child or young person) | |

Person making the request

| | |
|--|--|
| Name | |
| Date of Birth | |
| Address | |
| Email Address | |
| Contact phone no | |
| | |
| Identification Evidence Provided (if required) Passport Driving licence Or two forms of Utility bill within last 3 months Bank statement of last three months Council Tax bill Rent book | |

Status of person making request

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|--|--|
| Parent or person with Parental Responsibility | |
| Are you acting on their written authority (please provide a copy of the consent) | |
| If not the parent or with PR, what is your role? | |

Details of Data Requested

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Declaration

I,, hereby request that Brooke Hill Academy Trust provide the data requested about me.

Signature:

Dated:

I,, hereby request that Brooke Hill Academy Trust provide the data requested about(insert child's name) on the basis of the authority that I have provided.

Signature:

Dated: