## **Subject Access Request Template**

| Name:              |  |
|--------------------|--|
|                    |  |
| Address:           |  |
| (Please include    |  |
| any previous       |  |
| addresses we       |  |
| may hold for       |  |
| you)               |  |
|                    |  |
| Contact            |  |
| Number:            |  |
|                    |  |
| Email Address:     |  |
|                    |  |
|                    |  |
| What Informatio    | on do you require?: (Please try to be a specific as possible to allow us to easily |
| identify the infor | cmation you require)   |
| ,                  | mation you require)  |
| , , , , ,          | mation you require)  |
| , , , , , ,        | mation you require)  |
| , , , , , ,        | mation you require)  |
|                    | mation you require)  |
| Signature:         | ination you require)   |
|                    | Illiation you require)   |

Please return this form to: school contact details/email address

Please note the school may ask for proof of identity such as a passport, driving licence or utility bill