1. **DATA SUBJECT DETAILS:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** | Mr [ ]  | Mrs [ ]  | Miss [ ]  | Ms [ ]  | Other: [ ]  |
| **Surname** | Click or tap here to enter text. |
| **First name(s)** | Click or tap here to enter text. |
| **Current address** | Click or tap here to enter text. |
| **Telephone number:**  | Click or tap here to enter text. |
| **Home** | Click or tap here to enter text. |
| **Work** | Click or tap here to enter text. |
| **Mobile** | Click or tap here to enter text. |
| **Email address** | Click or tap here to enter text. |
| **Date of birth** | Click or tap here to enter text. |
| **Details of identification provided to confirm name of data subject:** | Click or tap here to enter text. |
| **Details of data requested:** | Click or tap here to enter text. |

* 1. ***DETAILS OF PERSON REQUESTING THE INFORMATION (if not the data subject):***

|  |  |
| --- | --- |
| Are you acting on behalf of the data subject with their written or other legal authority? | Yes [ ] No [ ]  |
| If ‘Yes’ please state your relationship with the data subject (e.g. parent, legal guardian or solicitor) | Click or tap here to enter text. |
| **With the exception of parent or legal guardian, please enclose proof that you are legally authorised to obtain this information.** |
| **Title** | Mr [ ]  | Mrs [ ]  | Miss [ ]  | Ms [ ]  | Other: [ ]  |
| **Surname** | Click or tap here to enter text. |
| **First name(s)** | Click or tap here to enter text. |
| **Current address** | Click or tap here to enter text. |
| **Telephone number:**  | Click or tap here to enter text. |
| **Home** | Click or tap here to enter text. |
| **Work** | Click or tap here to enter text. |
| **Mobile** | Click or tap here to enter text. |
| **Email address** | Click or tap here to enter text. |

1. **DECLARATION**

I, …Click or tap here to enter text., the undersigned and the person identified in (1) above, hereby request that Vision Academy Learning Trust provide me with the data about me identified above.

Signature: Date: Click or tap to enter a date.

SAR form completed by (employee name): Click or tap here to enter text.

I, Click or tap here to enter text., the undersigned and the person identified in (1.1) above, hereby request that Vision Academy Learning Trust provide me with the data about the data subject identified in (1) above.

Signature: Date: Click or tap to enter a date.

**This form must immediately be forwarded to Vision Academy Learning Trust’s Data Protection Officer / Trust Compliance Manager.**