[](http://www.ucc.ie/en/)

This form can be used if you wish to seek access to personal data relating to you held by University College Cork

## GDPR & DATA PROTECTION ACTS, 1988 - 2018

## DATA ACCESS REQUEST FORM

**Section 1 – Your details** (PLEASE USE BLOCK CAPITALS)

|  |  |
| --- | --- |
| Surname: |  |
| First Name(s): |  |
| Previously known as (if applicable): |  |
| Current address: |  |
| Previous address (if applicable): |  |
| Date of birth: |  |
| Telephone number: |  |
| Email address: |  |

**SECTION 2 – YOUR RELATIONSHIP WITH UNIVERSITY COLLEGE CORK**

|  |  |
| --- | --- |
| Are you a current/former\* member of staff? | YES / NO\*  *(\*delete as appropriate)* |
| If yes, please provide the following details: |  |
| Staff Number: |  |
| Department/Office: |  |
| Are you a current/former\* student of UCC? | YES/NO\*  *(\*delete as appropriate)* |
| If yes, please provide the following details: |  |
| Student Number: |  |
| Department/Course with which you are/were associated: |  |
| If neither a student or member of staff, please indicate your relationship with the University, including dates: |  |

The information in sections 1 and 2 will be used to enable staff of the University to correctly identify any personal data relating to you and to cross-check your identity before records (should any exist) are released.

**SECTION 3 – DETAILS OF PERSONAL DATA REQUESTED**

In the box below, please provide as much detail as you can about the personal data you wish to access in order to help us locate it quickly. If your request is too broad or unclear, we may need to ask you to be more specific.

|  |
| --- |
| **In accordance with GDPR and the Data Protection Acts, 1988 - 2018, I request access to the following personal data that I believe University College Cork holds about me:** |
|  |

**SECTION 4 – FEES**

|  |
| --- |
| There is no fee payable by you to make an access request - the University must deal with your request for free. However, where the University believes a request is manifestly unfounded or excessive (for example where an individual makes repeated unnecessary access requests), the University may either charge a fee taking into account its administrative costs in dealing with the request(s), or refuse to act on the request(s). |

**SECTION 5 – IDENTIFICATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **In order for the University to ensure that personal information is not given to the wrong person,** **you are required to provide proof of your identity. A copy of your ID must accompany this form.** Acceptable forms of identification include:   |  |  | | --- | --- | | * Copy of passport | * Staff/student ID Card | | * Copy of driving licence | * Copy of recent utility bill |   Copies are acceptable in most cases. However, the University reserves the right to ask to see original documents where necessary. Copies of such documents sent with this form will be securely destroyed once we have verified your identity. |

**Please complete *either* section 6 *or* section 7 as appropriate**

**SECTION 6 – DECLARATION OF DATA SUBJECT**

|  |  |
| --- | --- |
| I confirm that I am the data subject named in Section 1 and I am requesting access to my own personal data. I understand that the information I have supplied will be used to confirm my identity and help locate the information I have requested. | |
| Signed: | Date: |

**SECTION 7 – DECLARATION OF DATA SUBJECT FOR AGENT TO ACT ON THEIR BEHALF**

If you wish someone else to submit a data access on your behalf (e.g. family member, solicitor) please complete this section.

|  |  |
| --- | --- |
| I confirm that I am the data subject named in Section 1. I give permission for the person or organisation named below to act on my behalf in relation to my data access request. I have enclosed evidence of my identity referred to in Section 5 and confirm that I want my personal data to be sent to my representative at the address below. I understand that the information I have supplied will be used to confirm my identity and help locate the information I have requested. | |
| Signed: | Date: |

|  |  |
| --- | --- |
| Name of agent: |  |
| Relationship to data subject: |  |
| Address: |  |
| Telephone number: |  |
| Email address: |  |

**RETURNING YOUR COMPLETED FORM:**

|  |  |
| --- | --- |
| **Please send your completed form to the Information Compliance Manager, with a copy of your ID, by email to** [**foi@ucc.ie**](mailto:foi@ucc.ie) **or by post to:** | |
| The Information Compliance Manager, University College Cork  4 Carrigside, College Road  Cork |  |
| For assistance, telephone: (021) 4903949 or email: foi@ucc.ie | |

**FOR UCC USE ONLY:**

|  |  |
| --- | --- |
| Reference No: | DP/ |
| Date request received: |  |
| Identity verified: | YES/NO |
| If yes:  Original ID supplied in person:  If yes, original evidence of ID checked and returned to requester:  Copy ID attached to request:  If yes, ID verified and documents shredded by: | YES/NO  YES/NO  YES/NO |
| Any other relevant comments: |  |