

This form can be used if you wish to apply for the rectification, erasure or restriction of processing of your personal data held by University College Cork



GDPR & DATA PROTECTION ACTS, 1988 - 2018 DATA RIGHTS FORM (RECTIFICATION / ERASURE / RESTRICTION OF PROCESSING OF PERSONAL DATA)

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* <i>(*delete as appropriate)</i>
If yes, please provide the following details:	
Staff Number:	
Department/Office:	
Are you a current/former* student of UCC?	YES/NO* <i>(*delete as appropriate)</i>
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 processing your request.

SECTION 3 – REQUEST FOR RECTIFICATION OF PERSONAL DATA

In the box below, please provide details of the data that you believe is inaccurately recorded and the amendments that you wish to make.

In accordance with GDPR & the Data Protection Acts, 1988 - 2018, I request that my personal data held by the University be amended as follows:

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SECTION 4 – REQUEST FOR ERASURE OF PERSONAL DATA

In the box below, please provide details of the personal data you wish to be erased.

In accordance with GDPR & the Data Protection Acts, 1988 - 2018, I request that the University erase my personal data as detailed in the box below:

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SECTION 5 – REQUEST FOR RESTRICTION ON PROCESSING OF YOUR PERSONAL DATA

In the box below, please provide details of the personal data you wish to be restricted and the reasons why.

In accordance with GDPR & the Data Protection Acts, 1988 - 2018, I request that the University restrict the processing of my personal data as detailed in the box below:

Specify the data:

- I think my personal data is recorded inaccurately and I wish to have the processing of the data restricted whilst the University verify the accuracy of the data.
- I think the processing of my data is unlawful.
- I think that the University no longer needs my data for the purposes of the processing, but it is required by me for the establishment, exercise or defence of legal claims.

SECTION 6 – FEES

No application fees are required for requests to rectify, erase or restrict processing of personal data.

SECTION 7 – IDENTIFICATION

In order for the University to protect the security of personal data, it is necessary for you to provide proof of your identity. A copy of your ID must accompany this form. Acceptable forms of identification include:

- Copy of passport
- Copy of driving licence
- Staff/student ID Card
- 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 8 or section 9 as appropriate

SECTION 8 – DECLARATION OF DATA SUBJECT

I confirm that I am the data subject named in Section 1 and I am making a request for the *rectification *erasure *restriction of processing my personal data. I understand that the information I have supplied will be used to confirm my identity and help locate the data I am referring to.

Signed:	Date:
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SECTION 9 – 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 request. I have enclosed evidence of my identity referred to in Section 7 and confirm that I want all correspondence and responses to my request 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 locate the data I am referring to.

Signed:	Date:
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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 proof of identity) by email to 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:	