**St Mary’s Catholic High School, Leyland**

**Royal Avenue, Leyland, PR25 1BS**

**Telephone: 01772 421909 Email:** **head@lsmchs.com** **www.lsmchs.com**

**SUBJECT ACCESS REQUEST (FORM)**

Please complete the following form and return it to the school office.

**A) Data Subject Details**

|  |  |
| --- | --- |
| Title |  |
| Surname |  |
| First Name(s) |  |
| Current Address |  |
| Telephone (Home) |  |
| Telephone (Work) |  |
| Telephone (Mobile) |  |
| Email address |  |
| Date of birth |  |
| Details of identification provided to confirm name of data subject in question |  |
| Details of data requested |  |

***If the person requesting the information is NOT the data subject, complete the below:***

|  |  |  |
| --- | --- | --- |
| Are you acting on behalf of the data subject with their written consent or in another legal authority? | Yes | No |
| If ‘Yes’ please state your relationship with the data subject (e.g. parent, legal guardian or solicitor) |  |
| Has proof been provided to confirm you are legally authorised to obtain the information? | Yes | No |

|  |  |
| --- | --- |
| Title |  |
| Surname |  |
| First Name(s) |  |
| Current Address |  |
| Telephone (Home) |  |
| Telephone (Work) |  |
| Telephone (Mobile) |  |
| Email address |  |

**B) Declaration**

I hereby request that St Mary’s Catholic High School provide me with the information about the data subject above.

Name …………………………………………………

Signature: …………………………………………………

Date: …………………………………………………