

PERSONAL DATA ACCESS REQUEST FORM

Canon Sheehan Primary School

Request for a copy of Personal Data under the Data Protection Acts 1988 to 2018

Important: Proof of Identity must accompany this Access Request Form (eg. official/State photographic identity document such as driver's licence, passport).

Full Name:	
Maiden Name <i>(if name used during your school duration)</i>	
Address:	
Contact number *	Email addresses *

* We may need to contact you to discuss your access request

Please tick the box which applies to you:

Parent/ Guardian of current Pupil <input type="checkbox"/>	Former Pupil <input type="checkbox"/>	Current Staff Member <input type="checkbox"/>	Former Staff Member: <input type="checkbox"/>
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Name of Pupil:		Date of Birth of Pupil:	
Insert Year of leaving:		Insert Years From/To:	

DATA ACCESS REQUEST:

I, [name] wish to make an Access Request for a copy of personal data that <Ainm na Scoile> holds about me/my child. I am making this access request under Data Protection Acts 2013 to 2018

To help us to locate your personal data, please provide details below, which will assist us to meet your requirements e.g. description of the category of data you seek

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Any other information relevant to your access request (e.g. if requesting images/recordings made by CCTV, please state the date, time and location of the images/recordings as otherwise it may be very difficult or impossible for the school/ETB to locate the data)

This **Access Request** must be accompanied with a copy of photographic identification e.g., passport or drivers licence. I declare that all the details I have given in this form are true and complete to the best of my knowledge.

Signature of Applicant Date:

Please return this form to the relevant address:

To the Chairperson of Board of Management, Canon Sheehan Primary School, Doneraile, Co. Cork.