Scoil Mhuire Lacken17479D

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 *(if name used during* your school duration*)*	
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 ☐	**Former Pupil** ☐	**Current Staff Member** ☐	**Former Staff Member:** ☐

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 *Scoil Mhuire Lacken* 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

Any other information relevant to your access request.

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 Principal/ Board of Management, Scoil Mhuire Lacken.