

Data Access Request Form

Request for a copy of personal data under Article 15 of the General Data Protection Regulation 2016/679

Important: Prior to complying with a Data Access Request, we require proof of the applicant's identity and address to ensure that the person making this access request is acting legitimately.

Section A – please complete this section

Full name: _____

Other names: _____ *e.g. any former names*

Postal address: _____

Telephone*: _____

Email*: _____

**we may need to contact you to discuss your Data Access Request*

Section B - please complete this section

Please tick the box which applies to you:

Student Parent/guardian Former student Current staff Former staff
of student

Age: _____ Student name: _____

Year group/class: _____ Year of leaving: _____ Years (From/to): _____

Section C - please complete this section and tick either A or B below

(A) I, _____ *[insert name]* wish to be informed whether or not Lycée Français d'Irlande holds personal data about me/my child and to be provided with a description of this data and to be informed of the purpose for holding such data. I am making this access request under Article 15 (1) of the General Data Protection Regulation 2016/679.

OR

(B) I, _____ *[insert name]* wish to make an access request for a copy of any personal data that Lycée Français d'Irlande holds about me/my child. I am making this request under Article 15 (1) of the General Data Protection Regulation 2016/679.

Please give all information relevant to your access request (e.g. a description of the specific data you require or, if requesting images/recordings made by CCTV, please state the date, time and location of the images/recordings

(otherwise it may be very difficult or impossible for the school to locate the data).

Signed: _____ Date: _____

Checklist

- Have you:
- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| 1. Completed, signed and dated the Data Access Request Form? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Attached a photocopy or proof of your identity and address? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If you have ticked "No" to question 2 above, we regret that we may not provide you with the data requested.

The use of this form is not mandatory. However, completing this form should enable us to process your request more efficiently.

Please return this form to: The Privacy Coordinator, Lycée Français d'Irlande, Roebuck Road, Dublin 14.

Information requested will be provided by Lycée Français d'Irlande within one month, provided the identity of the requester has been verified.

School use only:	
Date received: _____	Identity confirmed: Yes <input type="checkbox"/> No <input type="checkbox"/>
Date identity confirmed: _____	Date information sent: _____
Reference: _____	