**Worcester Students’ Union – Data Subject Access Request Form**

Please complete this form in BLOCK CAPITALS and return it **in the post along with a form of identification** to:

**Worcester Students’ Union**

**Henwick Grove**

**St John’s**

**Worcester**

**WR2 6AJ**

**Full name** (include any former names, if appropriate):

………………………………………………………………………………………………………………………

**Student ID Number** (if applicable):

………………………………………………………………………………………………………………………

**Home Address**:

………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………

**Postcode:**

………………………………………………………………………………………………………………………

**Telephone Number:**

………………………………………………………………………………………………………………………

**Email Address:**

………………………………………………………………………………………………………………………

**Details of information being requested:**

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**Signed: Date:**

**When returning this form, please provide evidence of your identity as the Data Subject, or documentation that confirms your entitlement to act on the Data Subject’s behalf.**

Please note, requested data will be sent to the Data Subject’s address, unless otherwise indicated. Worcester Students’ Union must normally deal with Data Subject Access requests within 30 days from receipt of this form (this may not apply in certain circumstances).

NB As part of our data sharing agreement with the University of Worcester, we are required to share all Subject Access Requests with them that refer to data jointly controlled by both organisations.

**FOR OFFICIAL USE ONLY**

Enquiry Number:

………………………………………………………………………………………………………………………

Date Received:

………………………………………………………………………………………………………………………

Date to Respond By:

………………………………………………………………………………………………………………………

Date shared with the University of Worcester:

………………………………………………………………………………………………………………………

Date Responded to Subject:

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