

**Bournemouth
University**

Subject access request form

www.bournemouth.ac.uk/dpa

Request for information under the Data Protection Legislation

This is a subject access request form for accessing information we (Bournemouth University) hold about you, or about someone you are acting on behalf of. This type of request is covered by the General Data Protection Regulation and the Data Protection Act 2018 (together referred to as "the Data Protection Legislation").

You do not have to use this form, although using it may help to avoid any delays in us processing your request. This is because, for a subject access request to be valid, it must be made in writing, include enough information to enable us to locate the information sought and be accompanied by proof of identity (of the data subject and any person acting on their behalf). Where you are acting on behalf of the data subject, we also require written consent from the data subject to release the information to you on their behalf. Once we have received everything we need from you, we have up to 1 month to respond or notify you we need more time.

Please note that requests for council tax exemption certificates, transcripts, syllabus, ID cards, diploma and award certificates are not handled under this procedure. Instead please refer to the [Replacement documents](#) section of the student intranet or email our general enquiry service at askBUenquiries@bournemouth.ac.uk for assistance on how to obtain these items.

Please complete this form in block capitals or type

1. Personal details of the person requesting the information

*Surname: _____ *Forename: _____

*Address: _____

_____ *Postcode: _____

Telephone number: _____ Email: _____

(*Required fields. Unless otherwise agreed, we will send our response to you by post to the address listed above.)

2. Are you the data subject (i.e. the subject of the information you are requesting)?

Please select the appropriate box:

Yes (Please go straight to question 5)

No (Please continue to questions 3 and 4)

3. Personal details of the data subject

**Surname: _____ **Forename: _____

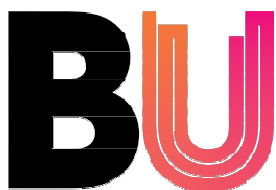
**Address: _____

_____ **Postcode: _____

Telephone number: _____ Email: _____

(** Required fields if section 3 applies)

4. Please describe your relationship with the data subject that leads you to make this request on their behalf?



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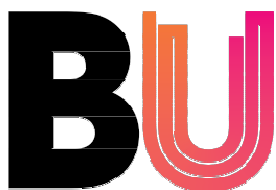
5. Specific information requested

If you would like to see specific documents, please describe these below:

6. General search

If you would like us to carry out a more general search, please indicate below where you would like us to search by putting a cross or a tick in the box next to the Faculty and or Professional Service as required.

Faculties & Graduate School		
<input type="checkbox"/> The Faculty of Health & Social Sciences	<input type="checkbox"/> The Faculty of Management	<input type="checkbox"/> The Faculty of Media & Communication (incorporating the Department of Law)
<input type="checkbox"/> The Faculty of Science & Technology	<input type="checkbox"/> The Doctoral College	
Professional Services		
<p>Academic Services</p> <input type="checkbox"/> Academic Quality <input type="checkbox"/> Education Development & Quality <input type="checkbox"/> Learning Support <input type="checkbox"/> Library <input type="checkbox"/> Student Administration <p>Alumni & Development</p> <input type="checkbox"/> Alumni Relations Team <input type="checkbox"/> Fundraising Team <p><input type="checkbox"/> Estates</p> <p>Finance & Performance</p> <input type="checkbox"/> Finance <input type="checkbox"/> Procurement <p>Human Resources</p> <input type="checkbox"/> Human Resources <input type="checkbox"/> Health, Safety & Wellbeing <input type="checkbox"/> Organisational Development	<p><input type="checkbox"/> IT Services</p> <p>Legal Services & Corporate Governance</p> <input type="checkbox"/> Legal Services <input type="checkbox"/> Corporate Governance <p>Marketing & Communications</p> <input type="checkbox"/> Corporate Communications <input type="checkbox"/> Marketing Services <input type="checkbox"/> International Marketing & Student Recruitment <input type="checkbox"/> UK Student Recruitment & Outreach <p><input type="checkbox"/> Office of the Vice-Chancellor</p> <p><input type="checkbox"/> Planning, Risk, Intel, Management Information and Enhancement (PRIME)</p>	<p>Research & Knowledge Exchange Office</p> <input type="checkbox"/> Funding Development <input type="checkbox"/> Knowledge Exchange & Impact <input type="checkbox"/> Project Delivery <p>Student Services</p> <input type="checkbox"/> Additional Learning Support <input type="checkbox"/> Careers & Employability <input type="checkbox"/> Frontline Services <input type="checkbox"/> Music & Arts <input type="checkbox"/> Residential Services <input type="checkbox"/> sportBU
CCTV		
<p>If a CCTV search is required, please specify date(s), time(s) and location(s) here:</p>		



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7. Timeframe(s)

Unless already stated above, please indicate the timeframe(s) to which this request relates:

8. Declaration

I _____ certify that the information given in this application form is true. I understand that it will be necessary for you to confirm my/the data subject's identity and it may be necessary to supply more detailed information if required. I confirm that this request is neither vexatious nor malicious.

I include with this request the following documentation:

For data subjects	Evidence of own identity.*
For those acting on behalf of a data subject	Evidence of own identity.* Evidence of the data subject's identity.* Written authority from the data subject for you to act on their behalf.

(*We require 2 forms of identification per person. Please do not send original documentation to us by post.)

Data Protection Legislation

We will use the personal information you provide in this form for several purposes. These are: to handle the request, include any follow-up on your part or any involvement of the Information Commissioner: to oversee and adjust our handling procedures; and for statistical purposes. Please [see our privacy policy for more information](#).

Signed: _____ Date: _____

The completed form should be returned by post or email to:

The Information Office c/o Legal Services
 Bournemouth University,
 2nd Floor Melbury House
 1-3 Oxford Road
 Bournemouth
 Dorset BH8 8ES UK

Email: dpo@bournemouth.ac.uk
Tel: +44 (0)1202 961315