## Data Protection - Subject Access Request (SAR)



This form is provided by the Star Academies to assist you in providing the information we need to deal with your request. Your request will be processed in accordance with the Star Academies Data Protection Policy.

Please be aware that before we process your request Star Academies will verify your identity. If additional information is required to verify your identity, we will contact you accordingly to request a document that confirms your identity (e.g. Passport, Driving Licence) and a document dated inside the last three months that confirms your address (e.g. Bank Statement, Utility Bill).

Section 1							
I am the Data Subject (the person the information is about):   [ (please continue to Section 2)							
I am acting on behalf of the Data Subject: (please complete Section 1a)							
Section 1a							
Surname:				Full Fore	name(s):		
My relation	he data subject is:						
If you are acting on behalf of a child for whom you have parental responsibility:							
The child is under the age of 13 $\Box$							
The child is over the age of 13							
If the child is over the age of 13 schools must ensure that the "Parental Request for Student Information – Student							
Consent Form" is completed.							
If you are acting as a Third Party on the Data Subjects behalf:							
The Data Subject has provided written consent to disclosure of the information requested in Section 3							
Yes ☐ (please attach) No ☐							
Section 2 – Data Subject Personal Details							
Surname:				Full Fore	full Forename(s):		
			Estab	lishment /			
Date of Birt	h:			ol Name:			
Please provide your contact details including the address that you would like the information sent to.							
Address Line 1:					e Telephone		
Address Life	E 1.		Nu Nu				
Address Lin	e 2:						
Address Lin	e 3:			Email a	ddress:		
Address Lin	e 4:						
Postcode:							
Section 3 – Information Requested							
Please state clearly the information that you require. Please provide as much information as possible to assist us in							
locating your data. (please attach a separate continuation sheet if required)							
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Please state the number of continuation sheets used:							
Section 4 – Declaration by the Requester							
I declare that, to the best of my knowledge, the information I have provided on this form is correct.							
Signature: Name in Capitals:							
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				Da	te:		