# A close up of a logo  Description automatically generated

# Subject Access Request Form - Partner Agencies

1. Person making the request:

|  |  |
| --- | --- |
| Full Name: |  |
| Job Title: |  |
| Organisation: |  |
| Address: |  |
|  |
| Postcode: |  |
| Email Address: |  |
| Contact phone no: |  |

2. Subject *(who the data request is referring to):*

|  |  |
| --- | --- |
| Full Name: |  |
| Address: |  |
|  |
| Postcode: |  |
| Date of Birth: |  |
| Class (if applicable): |  |

Other Identifying Information:

|  |
| --- |
|  |

3. Reason for requesting disclosure:

|  |
| --- |
|  |

 Unable to specify offence due to risk of prejudicing the case

Statutory powers *(Do not cite section 2 of the Data Protection Act)*

|  |
| --- |
|  |

4. Details of Data Requested (*Please provide as much information as possible)*:

State the purpose for requesting disclosure of personal information about the data subject specified in section 2 of this form:

Select one option

 Prevention or detection of crime

 Apprehension or prosecution of offenders

 Assessment or collection of tax, duty or imposition of a similar nature

4. Details of request continued

|  |  |  |
| --- | --- | --- |
| 4.1 | Describe the information you require from the School |       |
| 4.2 | Describe what you seek to show or prove with this information |       |
| 4.3 | Describe why this information is necessary to the case, including the anticipated effect of the information not being provided  |       |
| 4.4 | Provide the date, time, and location of incident if applicable.  |       |
| 4.5 | If possible, provide the name of the person you expect will hold this information |       |
| 4.6 | If you are requesting CCTV footage, please describe the appearance of the individuals you expect to find on the footage, for example hair colour & style, height and build, clothing. Please also describe exactly where the individual was, their direction of travel and if he/she was doing anything in particular that would help us identify them |       |
| 4.7 | Please detail any steps you have already taken to obtain this information by other means. Any reasonable steps you have taken to acquire this information by other means will support arguments in favour of disclosure.  |  |

5. Information provision

If we hold information how would you like the information to be provided?

 Electronic File (Soft Copy)

 Collect in person (Proof of identification required when collecting)

 *We will notify you if we do not hold information or your request for disclosure is refused*

6. Declaration and authorisation

The authorising officer must be of the rank of police inspector or higher, or for other ‘relevant bodies’ a senior officer/director.

Declaration

I certify that:

* Information requested is compatible with the stated purpose and will not be used in anyway incompatible with that purpose
* Non-disclosure would prejudice the course of jusitice
* I understand information given on this form is correct
* I understand that if any information given on this form is incorrect, I may be committing an offence under Section 170 of the Data Protection Act, 2018

### Requestor

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |

Authorising Officer

|  |  |  |  |
| --- | --- | --- | --- |
| First name: |  | Last name: |  |
| Job title: |  |
| Signed: |  | Date: |  |

**Where to send your request**

Please note: If the form has not been fully or properly completed and authorised you will be asked to re-submit your application. Validity checks may be carried out for compliance.

Send this form to:

**Email:** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

### Postal address:

XXXXXX

XXXXXX

XXXXXX