

**DATA PROTECTION
SUBJECT ACCESS REQUEST (SAR) FORM**

PART 1 – DATA SUBJECT PERSONAL DETAILS

Surname:	Full Forename(s):	Title:
E-Mail address:		
Contact Number:		
Please provide the address that you want the information sent to plus your daytime telephone number (if different from above, in case we need to speak to you to discuss your request). If seeking information on behalf of someone else please provide your full name.		
Surname:	Full Forename(s):	Title:
Daytime Telephone		
Address 1:	Address 2:	Address 3:
Town:	County:	Postcode:
Country:		

PART 2 – DECLARATION BY REQUESTOR

Verification of identity is required before your request can be processed:

I enclose as verification of identity a photocopy of my:

Passport <input type="checkbox"/>	Driving Licence <input type="checkbox"/>	Utility Bill <input type="checkbox"/>
Other <input type="checkbox"/>		

I declare that, to the best of my knowledge, the information I have provided on this form is correct

Signature:

Name in Capitals:

Date

PART 3 – INFORMATION REQUESTED

State Clearly the information you require, which dates where know *e.g. my medical records while employed in Meath County Council from 2017-2018.*

Please provide as much information as possible to assist us in locating your data.