Subject Access Request Form

1. DATA SUBJECT DETAILS

Title

☐ Mr  ☐ Mrs  ☐ Miss  ☐ Ms  ☐ Other

Surname

First Name(s)

Current Address

Telephone number

Home

Work

Mobile

Email address

Date of Birth

Means of identification provided to confirm name of data subject:

Details of data requested:
2. DETAILS OF PERSON REQUESTING THE INFORMATION

Are you acting on behalf of the data subject with their [written] or other legal authority?  Yes ☐ No ☐

If ‘Yes’ please state your relationship with the data subject (e.g. parent, legal guardian or solicitor)

Please enclose proof that you are legally authorised to obtain this information

Title

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Surname

First Name(s)

Current Address

Telephone number

Home

Work

Mobile

Email address
DECLARATION

I, ............................................................., the signatory and person identified above as the data subject, hereby request that the Royal College of Pathologists provide me with the personal data about me identified above.

Signature: Date:

SAR form completed by [insert employee name]:

I, ............................................................., the signatory and person identified at section 2 above, hereby request that the Royal College of Pathologists provide me with the personal data identified above.

Signature: Date:

SAR form completed by [insert employee name]:

Please note: This form must be immediately forwarded to the Royal College of Pathologists' DPO.