

General Data Protection Regulation (GDPR) 2016 Subject Access Request Form

1. Personal Details of Subject

Title	Forename(s)	Surname
Any previous name known to StudySmart		
Date of birth	Current telephone number	
Current Address	Current email address	
Relationship to StudySmart	Start and end dates of employment /education as StudySmart	
Any other information that could help identify your personal data		

2. Alternative Contact Details (third parties only)

Only complete this section if you are **not** the data subject, e.g. you are requesting information relating to another person.

Title	Forename(s)	Surname
Address	Telephone number	
	Email address	
Relationship to data subject		

3. Records Required

(PLEASE COMPLETE ALL SECTIONS)

A. Please tick the category into which your enquiry falls

Category	✓
Registration Forms	
Other HR related documents	
Personal details, e.g. name, address and date of birth	
Other (please specify or describe if possible)	

B. Please describe the information you seek in as much detail as possible. This will help us to identify the information you require. For example, 'Information relating to me contained in the Board of XYZ meeting of or 'emails about me relating to x matter sent by A.N. Other between June and October 2018'.

C. Sections / Departments to search

Please tick below which (if any) of the following sections/departments the documents you are seeking may be found or which you would like us to search.

Section / Department	Search (✓)
Human Resources	
Registry	
Finance Office	
Communications and Marketing Services	
Procurement	
Other (please specify if possible)	

4. **Identity**

If you are requesting personal data of which you are the subject you must supply:

- (a) a photocopy of proof of identity with this form, such as National ID, passport, driving licence.

If you are requesting personal data on behalf of a subject you must describe your relationship to the subject and supply:

- (a) written signed authority of the subject (Power or Attorney);
- (b) a photocopy of proof of the subject's identity with this form, such as National ID, passport, driving licence.

5. **Declaration**

I certify the information provided in this form is accurate to the best of my knowledge. I accept that StudySmart will take reasonable steps to establish identity prior to release of personal data.

I request that the StudySmart provide me with a copy of personal data relating to the subject named in Section 2 of this form.

I enclose the following:

- A photocopy of the data subject's proof of identity;
- Written and signed authority of the data subject (third parties only).

Signed	Please print name	Date

For returning office use

Date student/employee notified: ____/____/____

Date collected: ____/____/____

Student/employee's signature on collection: _____

Verification of identity: _____ (Please specify identifying document)

Verified by: _____ (Signature)

Please return this form when this section is completed to: 16 Kifisias Avenue & Chalepa, Marousi 15125, Athens, Greece