

**Mothers' Union Diocese of COVENTRY
Subject Access Request Form**

1. DATA SUBJECT DETAILS

Title Surname
First Name(s)
Current Address
.....

Telephone Numbers:

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 Surname
First Name(s)
Current Address
.....

Telephone Numbers:

Home
Work
Mobile

Email Address

I have included valid proof of identification (copies of valid passports or driving licenses are acceptable)

DECLARATION

I,, the signatory and person identified above as the data subject, hereby request that Mothers' Union Diocese of Coventry provide me with the personal data about me identified above.

Signature:

Date:

SAR form received by **Data Controller**

I,, the signatory and person identified at section 2 above, hereby request that Mothers' Union Diocese of Coventry provide me with the personal data identified above.

Signature:

Date:

SAR form received by **Data Controller**