

**Data Subject Access Request Form**

Please complete this form (in BLOCK CAPITALS) and return it to:

Assistant Bursar  
Magdalene College  
Magdalene Street  
Cambridge  
CB3 0AG

**Part 1 – Personal Details**

1. Surname (*please include any former names if relevant to request*)

.....

2. Full Forenames

.....

3. Title

.....

4. Date of matriculation / date of admission to Fellowship / dates of employment

.....

5. State clearly the information you require, with dates where known

*(if necessary please continue on a separate sheet)*

**Part 2 – Declaration**

*Please delete as applicable*

I am acting on my own behalf

*or*

I am acting on behalf of someone who is unable to act for themselves and Part 1 relates to them.

My relationship to the data subject is:

.....

*Please delete as applicable*

Accordingly, I enclose:

the individual’s written consent to disclosure of the information stipulated in Part 1

*or*

a Court Order (eg, Power of Attorney) permitting release of the information stipulated in Part 1 to the individual named in Part 2

To the best of my knowledge, the information I have given on this form is correct.

Name (please print):

.....

Signed:

.....

Date

.....

Full address

.....

Telephone number

.....

Please enclose verification of identity e.g., a photocopy of your passport or driving licence.

NB: This is not required for current members of College.

Magdalene College will use the information provided for the purpose of locating the information requested and it will be kept securely and retained in accordance with the College Data Retention Policy which can be found at <https://www.magd.cam.ac.uk/policies-and-procedures>

Date SAR received .....

Date response sent .....