| Appendix 2 STANDARD REQUEST FORM FOR ACCESS TO DATA |
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| I, [insert name], wish to have access to either [delete as appropriate] |
| 1 All the data that the College currently has about me, either as part of an automated system or part of a relevant filing system; or |
| 2 Data that the College has about me in the following categories: |
| Academic marks or coursework details for the year. Academic or employment references Disciplinary records Health and medical matters Political, religious or trade union information Any statements of opinion about my abilities or performance Personal details including name, address, date of birth etc |
| Other information |
| |
| Signed Date |
| To ensure that we identify you accurately please complete the following details |
| Full name Date of Birth |
| Address |
| |
| Post code |
| Are you staff/student/other Date of leaving the college |
| Student/staff reference number (if known) |
| You should receive a reply to this request within 1 calendar month. |
| Date of receipt: Response date: |

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