

# Data Subject Access Request (SARS) Form

Date issued to data subject: \_\_/\_\_/20\_\_

Under the General Data Protection Regulation (GDPR), it is your right to request a copy of any personal data that we hold about you. We are providing this form to assist you in making such a request. Please note that we will accept a request in writing in any format if you do not wish to use this form.

Following receipt of this form, we may contact you to verify your identity. We will do this to ensure that we only release personal data to the individual to whom it relates

Important: Proof of Identity may include any of the following (e.g. official/State photographic identity document such as driver's licence, passport).

## Details of the Data Subject:

<b>Full Name:</b>	<b>Former Name(s):</b>
<b>Current Address:</b>	<b>Former Address (Inc. dates of change):</b>
<b>Date of Birth:</b>	<b>Eircode:</b>
<b>Contact Phone Number (including area code):</b>	<b>E-mail address: (Optional)</b>

\* We may need to contact you to discuss your access request

## Please tick the box which applies to you:

Service User <input type="checkbox"/>	Parent/Guardian of Service User <input type="checkbox"/>	Former Service User <input type="checkbox"/>	Current Staff <input type="checkbox"/>	Former Staff <input type="checkbox"/>
Date of Birth:	Name of Service User:	Insert Year of leaving:		Insert Years From/To:

Please describe the specific personal data you are requesting. It would help us to deal with your request efficiently if you could be specific as to dates and locations.

Any other information relevant to your access request (e.g. if requesting images/recordings made by CCTV, please state the date, time and location of the images/recordings (otherwise it may be very difficult or impossible for West Limerick Independent Living to locate the data).

Signed .....

Date .....

**Checklist: Have you:**

- 1) Completed the Access Request Form in full?
- 2) Signed and dated the Access Request Form?
- 3) Included a photocopy of official/State photographic identity document (driver's licence, passport etc.)\*.

**\*Note:** West Limerick Independent Living should satisfy itself as to the identity of the individual and make a note in the West Limerick Independent Living records that identity has been provided, but the West Limerick Independent Living should not retain a copy of the identity document.

**Details of the person requesting the Information:** (if same as data subject leave blank)

<b>Full Name:</b>	
<b>Address:</b>	
<b>Eircode:</b>	
<b>E-mail address: (Optional)</b>	
<b>Phone Number: (&amp; area code)</b>	

*\* We may need to contact you to discuss your access request*

**Please return this form to the relevant address:**

Service Manager. WEST LIMERICK INDEPENDENT LIVING CLG, Sheehan's Road, Newcastle West, Co. Limerick. Eircode V42 EE38