

Data Erasure Request

Please complete all sections of this form and return along with copies of 2 proofs of identity to dataprotection@chesterfield.ac.uk, or hand in to reception at our Chesterfield, Derby, Manchester or Nottingham sites. Proof of identity will only be used to verify your request and will not be stored by Chesterfield College.

Section 1 – Details of the Data Subject (the individual whose data is to be erased)

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Title (please state):
Forename(s):	
Family Name/Surname:	
Previous Name:	
Other name(s) known by:	
Date of Birth (dd/mm/yyyy):/...../.....

Section 2 – Contact Details

Current Address:	
Postcode	
Daytime Telephone No:	
Email Address:	
Previous Address:	
Postcode:	

Please provide as much information as possible to assist us in responding to your request. Any previous names and addresses provided will help us to identify records relating to you, and to verify that we are processing changes to information about the correct person.

Section 3 – Proof of the Data Subject’s Identity

In order to prove the identity of the person that this request relates to, we need to see copies of two pieces of identification, one from list A and one from list B below. Please indicate which ones you are providing.

Please do not send an original passport, driving licence or identity card as we are unable to guarantee their safe receipt or return.

List A (copy of one from below) *

List B (copy of one from below) *

Full birth certificate	<input type="checkbox"/>	Utility bill showing current home address	<input type="checkbox"/>
Passport/Travel Document	<input type="checkbox"/>	Bank statement or Building Society Book	<input type="checkbox"/>
Photo driving licence	<input type="checkbox"/>		
Foreign National Identity Card	<input type="checkbox"/>		
Child under 16 : Full birth certificate	<input type="checkbox"/>		
Child under 16 : Court Order(s)	<input type="checkbox"/>		

* Any original documents you send to us will be returned by first class post.

Section 4 – Details of Information Required

Please use this space to give us any details about the information you would like to request is erased from College records and systems. Please provide as much detail as possible:

Section 5 – Declaration

The information which I have supplied in this application is correct, and I am the person to whom it relates or a representative acting on his/her behalf. I understand that Chesterfield College may need to obtain further information from me/my representative in order to comply with this request.

Signature of applicant:	Date:
-------------------------	-------