

## DATA PROTECTION ACCESS REQUEST FORM

Please complete this form and email it to: <a href="mailto:foi@aberdeenshire.gov.uk">foi@aberdeenshire.gov.uk</a> or send it to:

The Information Governance Team, Aberdeenshire Council, St Leonard's, Sandyhill Road, Banff, AB45 1BH

Forename(s)		
Surname		
Date of Birth		
Address		
Postcode		
Telephone No.		
Email Address		
Services		
	ersonal data fo	r a number of purposes. Please
indicate the purposes to which		
relevant boxes:-	,	oo by placing a new in the
Council Tax		Planning
Housing Benefits		Recreation
Education		Rent
Environmental Health and		Social Work
Consumer Protection		
Housing		Other (Please indicate below)
Personnel (Employment		
records)		
Further Information:-		
Further information will assist in		
seeking. Please provide the foll		cable and known:-
Reference / Account / Employe	ee Number	
Service / School involved		
And the real execution of the secution		
Any other relevant information (Nicknames, maiden names, etc)		

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Version: 5.1

form.docx.1

Issue Date: 06/01/2021

Distribution of Information:-			
Please tick this box to have your information sent to you via secure email $\Box$ .			
You <u>must</u> ensure the email address provided on page 1 is legible and correct. Due to email and mailbox file-size limits, this option may not be available where the volume of information held is very high. For receipt via secure email, you must provide along with this form photographic proof of your identity. This must be one of the following: a passport; a driving licence; a photograph certified by a Justice of the Peace, lawyer, doctor, etc., as belonging to the person making the request.			
Please tick this box to alternatively collect your information in person from			
Council premises □.			
For collection from Council premises, you must take along photographic proof of your identity. This must be one of the following: a passport; a driving licence; a photograph certified by a Justice of the Peace, lawyer, doctor, etc., as belonging to the person making the request. You will be contacted in due course to agree a mutually-acceptable collection premises.			
Data Subject Declaration			
In exercise of the right granted to me under the terms of Data Protection legislation, I request that you provide me with a copy of the personal data about me which you process for the purposes I have indicated above.			
I confirm that I am the Data Subject and not someone acting on his / her behalf.			
Signature: Date:			
Declaration of Agent for the Data Subject (Mandate):-			
This section is only to be completed if someone else is acting on behalf of the Data Subject.			
I confirm that I am acting on behalf of the Data Subject and have submitted proof of my authority to do so.			
Forename(s)			
Surname			
Address			
Postcode			
Telephone Number			
Email Address			
Relationship			
Signature Date:			
This form requests the minimum amount of information required to identify the			

This form requests the minimum amount of information required to identify the Data Subject. You may be asked to supply additional information. This information will only be used for the purpose of processing your request.

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