



**DATA PROTECTION ACT (1998)  
SUBJECT ACCESS REQUEST FORM**

Please complete this form and send it, along with the appropriate fee, to:

The Data Protection Officer, Aberdeenshire Council,  
Town House, 34 Low Street, Banff, AB45 1AY

Please make your cheque payable to Aberdeenshire Council.

Forename(s)	
Surname	
Date of Birth	
Address	
Postcode	
Telephone Number	
Email Address	

**Services:-**

Aberdeenshire Council uses personal data for a number of purposes. Please indicate the purposes to which you seek access by placing a tick in the relevant boxes:-

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>Council Tax</td></tr> <tr><td><input type="checkbox"/></td><td>Housing Benefits</td></tr> <tr><td><input type="checkbox"/></td><td>Education</td></tr> <tr><td><input type="checkbox"/></td><td>Environmental Health and Consumer Protection</td></tr> <tr><td><input type="checkbox"/></td><td>Housing</td></tr> <tr><td><input type="checkbox"/></td><td>Personnel (Employment records)</td></tr> </table>	<input type="checkbox"/>	Council Tax	<input type="checkbox"/>	Housing Benefits	<input type="checkbox"/>	Education	<input type="checkbox"/>	Environmental Health and Consumer Protection	<input type="checkbox"/>	Housing	<input type="checkbox"/>	Personnel (Employment records)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>Planning</td></tr> <tr><td><input type="checkbox"/></td><td>Recreation</td></tr> <tr><td><input type="checkbox"/></td><td>Rent</td></tr> <tr><td><input type="checkbox"/></td><td>Social Work</td></tr> <tr><td><input type="checkbox"/></td><td>Other (Please indicate below)</td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> </table>	<input type="checkbox"/>	Planning	<input type="checkbox"/>	Recreation	<input type="checkbox"/>	Rent	<input type="checkbox"/>	Social Work	<input type="checkbox"/>	Other (Please indicate below)	<input type="checkbox"/>	
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**Further Information:-**

Further information will assist in identifying and locating the data you are seeking. Please provide the following, if applicable and known:-

Reference / Account / Employee Number

Service / School involved

Any other relevant information  
(Nicknames, maiden names, etc..)

**Distribution of Information:-**

Please tick this box to have your information sent to you via secure email . You **must** 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 the Data Protection Act (1998), 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:			
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**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 Data Subject. You may be asked to supply additional information. This information will only be used for the purpose of processing your request.