DATA PROTECTION ACT 1998
REQUEST FORM FOR ACCESS TO DATA

A

<table>
<thead>
<tr>
<th>STAFF</th>
<th>STUDENT</th>
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<tbody>
<tr>
<td>Current</td>
<td></td>
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<tr>
<td>Former</td>
<td></td>
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<tr>
<td>Employee number</td>
<td>Student reference number</td>
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OTHER .................................................................................................................................

Full name: ............................................................................................................................

Department/s or Degree Scheme: .............................................................................................

Address for correspondence: ...................................................................................................

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Tel. no.: ..................................................................................................................................

Email: ....................................................................................................................................

Please include here any information which might aid identification (eg. maiden name, dates when in post if a former staff member) .................................................................................................................................

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You must be prepared to show evidence of your identity, e.g. AU library card, driving licence, birth certificate. We will only accept photocopies of the above if they have been certified by a reputable person on behalf of the applicant.
B Please describe below the documents you which to access. Where possible include names of departments, individuals, relevant dates or other information which would help to locate this material:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Declaration

I …………………………………………… certify that the information given on this application form to Aberystwyth University is true. I understand that it is necessary for the University to confirm my identity and it may be necessary to obtain more detailed information in order to locate the correct information.

Please note that we will respect the rights of third parties identified within the data. Further details relating to this procedure can be found at http://www.aber.ac.uk/en/infocompliance/dp/request/

Signed …………………………………………………………………………………………………. Date …………………

Please return the completed form to: Dr. Jonathan Davies, Data Protection Manager, Aberystwyth University, Hugh Owen Library, Penglais Campus, Aberystwyth, Ceredigion SY23 3DZ, including evidence of identity and a fee of £10 (cheques to be made payable to Aberystwyth University).