



# Personal Data Request Form

Please complete this form accurately and tell us clearly the personal information that you are requesting.

## PART A: Your details

We need to make sure that we are releasing information to the right person. We may ask you for further information if we are unable to confirm your identity.

Full name:
Date of Birth:
Address:
Phone number:

## PART B: Your personal information request

Please use this space below to give details of the specific information that you are requesting. This will help us locate your information more quickly.

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## PART C: How you would prefer to access your personal information?

In person at our offices:       Copy sent to my home address:

## PART D: Declaration

I declare that the information I have provided in this form is accurate.

Sign or print name:	Date:
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Please return your completed form to a member of SHP staff for processing or email it to [DataProtection@shp.or.uk](mailto:DataProtection@shp.or.uk). We will not charge a fee for this request and will get back to you as soon as possible, and within 28 days.

Thank you.

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