**Request Form for Access to Personal Data (Other)**

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| --- | --- |
| Name *(Block letters)* |  |
| Address |  |
|  |  |
|  |  |
|  |  |
| Date of Birth |  |
| Programme of Study if a former student  |  |
| Matriculation Number if a former student |  |
| Department if a former member of staff |  |
| Year(s) at the University  |  |

I wish to have access to the following personal data that Glasgow Caledonian University holds about me:

Please specify where you think this information is held:

I understand that before the above information can be disclosed I will be required to produce as means of identity.

# *Signed: Date:*

Send the completed form to *Assistant Head (Information Compliance), Department of Governance, Glasgow Caledonian University, Cowcaddens Road, Glasgow G4 0BA or by email to dataprotection@gcu.ac.uk*