



Subject Access Request Form

Under the General Data Protection Regulation, you are entitled as a data subject to obtain from SUSI, confirmation as to whether we are processing personal data concerning you, as well as to request details about the purposes, categories, and disclosure of such data. You can use this form to request information and access to any personal data we hold about you. Details on where to return the completed form can be found at the end of the document.

Personal Details

Applicant/Student Name: _____ DOB: ___/___/_____

SUSI Reference Number: _____ Email: _____

Name of person making the request if not the applicant: _____

Relationship to the applicant (Parent/Guardian/Spouse): _____ Email: _____

Please specify how you would like these documents returned to you: By post By email

Is the document you are requesting an original copy e.g. an original birth certificate? Yes No

Have you attached/enclosed a copy of your passport, PSC, driving licence or student card for verification purposes? Yes No

What are you requesting?

If you require a copy of a specific document you have either received from SUSI or have submitted to us as part of a grant application, please explain in as much detail as possible what it is you require:

.....
.....
.....

If you do not have a specific request but would instead rather receive documentation relating to any of the below, please tick the relevant box writing beside it the dates/academic year applicable:

Application Form: Yes No Academic year: _____

Letters/emails: Yes No Academic year: _____

Telephone contact records: Yes No Academic year: _____

Telephone recordings: Yes No Academic year: _____

Evidence submitted by you to SUSI: Yes No Academic year: _____



Consent

Please sign below if your request relates to your own data.

I,, wish to make a subject access request under Article 15 of the General Data Protection Regulation (GDPR) for a copy of the information referred to and requested above that SUSI keeps about me, on computer or in manual form in relation to documentation specified above.

Signed:

Date:.....

3rd Party (Parent/Guardian/Spouse)

I,, consent to sharing my personal information with the above-named data subject in relation to this Subject access request.

Signed:

Date:.....

Completed Form

Please return this form and a copy of official identity to sar@susi.ie

Alternatively, this form and a copy of identity can be posted to:

Compliance Officer

SUSI

P.O. Box 869

Little Island

Cork

SAR Application Checklist

- Have you completed the Subject Access Request form in full, giving as much detail as possible to help us locate the data you require?
- Have you signed and dated the SAR Form?
- Have you included photographic ID?
- If you are requesting data that relates to another party to your application, has that person/people completed and signed the section relating to parties to the applicant (where necessary)?