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| **CCTV DATA REQUEST FORM** | KeeleUni-RGB_Colour |

This form is designed to assist individuals with requesting CCTV data held by Keele University, under the provisions of the Data Protection Act 2018 and Article 17 of the General Data Protection Regulation (GDPR).

You will receive a response within one month of receipt of a fully completed form and proof of identity.

For more information on your rights in relation to personal data, see the University’s Privacy Notice available at: https://www.keele.ac.uk/privacynotices/

### 1) DATA SUBJECT DETAILS

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| --- |
| **\* Surname:** |
| **\* Forename(s):** |
| **\* Date of birth:** |
| **\* Address:** Postcode:  |
| **\* Email:** |
| **\* Telephone Number:** |
| **Student Number (if applicable):** |
| **Employee Number (if applicable):** |
| **\* Are you the Data subject?****(Please indicate)**  | Yes(please go to section 3) | No (please go to section 2) |

*\* Denotes fields that must be completed to action your request.*

### 2) REQUESTER DETAILS (if made on Data Subject’s behalf)

If the requester is acting on behalf of the Data Subject, written authority from the Data Subject **must** be enclosed, along with their identity documents.

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| --- |
| **\* Surname:** |
| **\* Forename:** |
| **\* Address:** Postcode:  |
| **\* Email:** |
| **\* Telephone Number:** |

*\* Denotes fields that must be completed.*

### 3) INFORMATION REQUIRED

|  |  |
| --- | --- |
| Location/Position of CCTV camera: |  |
| Date image(s) taken: |  |
| Time image(s) taken: |  |
| Brief description of the data subject’s appearance and activities captured:*A recent photograph may also be required to assist identification of relevant images.* |
| Any other information that may help in locating the data: |
| Do you require a hard copy of the image or would viewing be sufficient? | Hard copy [ ]  Viewing [ ]  |

**4) PROOF OF IDENTITY**

Proof of the Data Subject’s identity and address must be provided in order for a request to be processed. These can be:

* photocopy/scan of passport, driving licence or birth/adoption certificate, together with;
* photocopy/scan of a bill/statement or government/NHS letter dated within the last 3 months

If the data subject’s name has changed, please provide the relevant documents evidencing the change.

**5) DECLARATION**

I am/have been authorised by, the data subject named in this form and confirm that the information provided above is correct. I understand that it is necessary for the University to confirm a Data Subject’s identity and enclose proof of such.

Signed : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Required accompanying documents:**

1. Photocopy proof of your identity
2. Photocopy proof of your address
3. Photocopy proof of the Data Subject’s identity and address, if different from above
4. Signed written authority of the Data Subject if you are acting on their behalf

We will only use the information you provide on this form to identify you and the personal data you are requesting, and to respond to your request. Once verified, the identity documents you have provided will be destroyed.

**Please send completed forms via email to** **dpa@keele.ac.uk****, or in hard copy to:**

Data Protection Officer

Legal & Governance Team

Student and Academic Services

Tawney Building

Keele University

Staffordshire

ST5 5BG