

**KABARAK UNIVERSITY****Request for Access to Personal Data**

This form is for individuals seeking to exercise their right to access their personal data held by us, in accordance with the Data Protection Act, 2019 (DPA). Please complete this form in its entirety and provide any necessary supporting documents to help us verify your identity and locate the requested information. This will enable us to process your request efficiently and securely.

Note:

- i) All fields marked as * are mandatory
- ii) Documentary evidence in support of this request may be required
- iii) Where the space provided for in this Form is inadequate, submit information as an annexure

DETAILS OF THE DATA SUBJECTName: * Phone Number: * Staff/Student No: * E-mail Address: *

Provide the following details, where making a request on behalf of a minor or a person who has no capacity to do so

Name: * Relationship to Data Subject: * Phone Number: * E-mail Address: * **DETAILS OF THE PERSONAL DATA REQUESTED**

MODE OF ACCESS

I would like to: (check all that apply)

Inspect the record: ☐Listen to the record: ☐

Avail the record to me in the following format:

Photocopy: ☐ *(Please note that copying costs will apply)* Number of copies required: Electronic: ☐ Transcript: ☐ *(Please note that transcription charges may apply)*Other (Specify): **DELIVERY METHOD**Collection in Person ☐By Email *(provide address where different to details provided above*)*: By Mail *(provide postal address*)*. Town/City:

DECLARATION NOTE: *(Note that an attempt to access personal data through misrepresentation may result in prosecution)*

I certify that the information given in this application is true.

Signature: Date: 