



APPLICATION FOR PERSONAL DATA RELEASE

I, _____ (insert name) wish to have access to either
(delete as appropriate)

1. All the data that the College currently has about me, either as part of an automated system or part of a relevant filing system; or
2. Data that the College has about me in the following categories (please tick):

<input type="checkbox"/>	Academic marks or course work detail
<input type="checkbox"/>	Academic or employment references
<input type="checkbox"/>	Attendance records
<input type="checkbox"/>	CCTV images at _____ (insert location) on _____ (insert date and time)
<input type="checkbox"/>	Disciplinary records
<input type="checkbox"/>	Health and medical records
<input type="checkbox"/>	Personal details including name, address, date of birth etc
<input type="checkbox"/>	Political, or religious details
<input type="checkbox"/>	Statements of opinion about my abilities or performance
<input type="checkbox"/>	Other information: Please list below

Name: _____

Address: _____

I was a student*/member of staff*/or otherwise connected* with the College during the period from _____ (insert date) to _____ inclusive. *Please delete as appropriate.

I understand that a fee of £10 will be payable. Cheques should be made payable to:
South Devon College.

Signed: _____ Date: _____

South Devon College use	
Personal data released by: _____	Date: _____

A copy of this form should be provided with the evidence
