

Request For Erasure Form

Data Protection

Under Article 17 of the General Data Protection Regulation (GDPR), individuals have the right to have personal data erased. **This right is not absolute and only applies in certain circumstances.** If there is a requirement for us to keep your personal data, for example for legislative or regulatory purposes, the request may be declined and an explanation given.

Please complete this form if you wish to make a request for erasure of the personal data, which the Bedford College Group holds about you.

Information on our Privacy Policy is available at www.bedford.ac.uk/privacy-policy.

General Information

Once we are satisfied that you meet the criteria for disclosure of data under the General Data Protection Regulation, and have provided sufficient information for us to confirm your identity and accept your application for processing, you should receive a response within one calendar month from that date.

However, in certain circumstances, the GDPR allows us to extend that deadline depending on the complexity of your request. We will advise you within one month if we need to extend the response deadline.

Records may be held in several different locations in paper and electronic formats. If you only require specific information and you clearly state what that is – for example a specific document or IT-only data – then you are likely to get a quicker response.

NOTE: This is not a mandatory form – Erasure of Personal Data requests made in other formats will also be accepted but this form is designed to help you in providing us with the information we need to deal with your request and speed up the process.

Your Details

Please provide your information in the space provided below.

We will only use the information you provide on this form to identify you and the personal data, which you are requesting erasure, and to respond to your request.

Title (please tick)	Mr <input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>
Surname	
First name(s)	
Date of birth	
Address	
Address	
City / County	
Postcode	
Telephone (daytime)	
Email address	
Relationship to The Group	Employee <input type="checkbox"/> Supplier <input type="checkbox"/> Student <input type="checkbox"/> Other <input type="checkbox"/>

To ensure accurate identification of your data, please provide details of all elements of the group which you have had contact with.

Proof of Data Subject's Identity

We require proof of your identity before we can respond to your erasure request. In order to prove the applicant's identity, we need to see copies of two pieces of identification, one from list A and one from list B below. Please indicate which ones you are supplying.

Please DO NOT send an original passport, driving licence or identity card

List A (<u>photocopy</u> of one from below)		List B (<u>photocopy</u> of one from below)	
Identification that clearly shows your name and date of birth.		Documentation that clearly shows your name and current address.	
Passport/Travel Document		A Council Tax bill	
Photo driving licence		Utility bill showing current home address	
Foreign National Identity Card		Bank Statement or Building Society Book	

We reserve the right to refuse to act on your request if we are unable to identify you.

If you do not have any of these forms of identification available, please contact the DPO for advice on other acceptable forms of identification.

Personal Information

So that we can locate the data you require efficiently, please answer the following questions to the best of your knowledge. Please continue on a separate sheet if necessary.

The Information Commissioner has stated that as much information as possible should be provided to assist with tracing your information.

Please tell us as much as you can about the information you are requesting about yourself.

For example, if you are requesting erasure of your personal data which might be in an email or document, it helps in our search to know who might have written it, when and to whom the information might have been sent, and where it may be stored.

If relevant to your request, please provide details of any courses you have attended:

Course: _____ Dates: _____

Course: _____ Dates: _____

Declaration

This form must be signed by you (the data subject).

I request the erasure copy of the relevant personal data that are held by Bedford College relating to information provided above. I confirm the information supplied is correct and I declare that I am the individual as indicated above.

Signed

Date

Agent's signature:

Signed

Date

Please complete and return this form online: www.bedford.ac.uk/erasure

Or in hard copy addressed to: The Data Protection Officer

c/o The Director of Governance
Cauldwell Street
Bedford College
Bedford
MK42 9AH

For office use

Request For Erasure Number	
Date request received	