

## **Subject Access Request (SAR) Form**

Under the Data Protection Act 2018, you have a Right of Access to personal information the Council holds about you. However, the Council provides a wide range of services and may hold personal information about you in many departments. Completing this form will help us to locate the information you are seeking and deal with your request as quickly as possible.

The term 'Data Subject' means the person the information is about.

## Part 1. Personal details of the Data Subject

Surname				
Forename/s				
Alternative names				
Date of birth				
<b>Current address</b>				
Previous addresses				
(if applicable)				
Contact Number				
Email address				
If you are requesting y	our own personal information, please continue to <b>Part 3</b> .			
Part 2. Requesting In	formation on behalf of the Data Subject			
Are you acting on beha (please tick)	alf of the data subject with their written consent or other legal authority?			
Yes No				
Please state your relationship with the data subject, e.g. parent, legal guardian, solicitor.				

## Part 2. Continued

Please enclose proof that you are legally authorised to obtain this information. This proof could be a letter of authority, letters or official forms addressed to you on behalf of the data subject. We will return original documents to you. Photocopies cannot be accepted. If we require further proof we will contact you.

Details of the person re	equesting the information (if not the Data Subject)	
Surname		
Forename/s		_
Solicitors name		_
Address		
Would you like the inform	nation sent to you or the data subject?	
Myself	Data Subject	
Part 3. Locating your pe	ersonal information	
if known, as to where you	to locate the information you are seeking, please provulated information is held about you. If you are unable to nation you are seeking in the box named <b>Additional In</b>	o do this, please
Council department(s)	(if known)	
Office location(s) (if kno	wn)	
Dates of contact with de	partment(s)	

Name of officer(s) (if known)		
Additional information		
Part 4. Declaration		
Please read the following declaration carefully an	d sign and date it.	
I certify that the information provided on this applitrue. I understand that it is necessary for the Couthat it may be necessary for the Council to request the correct information.	uncil to confirm me/the data	subject's identity and
	<u> </u>	
Signature:	Date:	
Please return this completed form to:		
Information Management Unit Sandwell MBC		

Sandwell MBC
Sandwell Council House
Freeth Street
Oldbury
West Midlands
B69 3DE

Or via email to: <a href="mailto:lnfo-management@sandwell.gov.uk">lnfo-management@sandwell.gov.uk</a>

\*If we require proof of identity prior to providing you with any personal information, we will contact you promptly.

If you require any assistance or need help completing this form, please email <a href="mailto:lnfo">lnfo</a> management@sandwell.gov.uk