

FOLENS DATA SUBJECT ACCESS REQUEST FORM

Section 1

Full Name:	
Previously known as (if applicable)	
Address:	
Postal/Eircode	
Telephone number (landline)	
Telephone number (mobile)	
Email address:	
Other information that might help us	

Section 2

Are you a current/former member of staff?	YES/NO* (*delete as appropriate)
Are you a current/former customer of Folens?	YES/NO* (*delete as appropriate)
If yes, please provide the following details:	
The period you are/were associated with including dates:	
If you are not a customer or former member of staff, please indicate your relationship with Folens including dates:	

The information in sections 1 and 2 will be used to enable us to correctly identify any personal data relating to you and to cross-check your identity before records (should any exist) are released.

Section 3 – Request for personal data

In accordance with GDPR, I request access to the following personal data that I believe Folens holds about me (be as specific as possible)
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SECTION 4 – IDENTIFICATION

In some cases, we might require proof of your identity, we will ask for photo ID. Please note that any copies of personal IDs will be copies of such documents sent with your access request form will be retained during the access period or securely destroyed as soon as we have verified your identity

Log and attach copy of identity verification

Please complete either section 5 or section 6 as appropriate

SECTION 5 – DECLARATION OF DATA SUBJECT

I confirm that I am the Data Subject named in Section 1 and I am requesting access to my own personal data. I understand that the information I have supplied will be used to confirm my identity and help locate the information I have requested. I also understand that it may be used for statistical and monitoring purposes.

Signed

Date

____/____/____

SECTION 6 – DECLARATION OF DATA SUBJECT FOR AGENT TO ACT ON THEIR BEHALF

If you wish someone else to submit a data access on your behalf (e.g. family member, solicitor) please complete this section.

I confirm that I am the data subject named in Section 1. I give permission for the person or organisation named below to act on my behalf in relation to my data access request. I have enclosed evidence of my identity referred to in Section 5 and confirm that I want my personal data to be sent to my representative at the address below. I understand that the information I have supplied will be used to confirm my identity and help locate the information I have requested. I also understand that it may be used for statistical and monitoring purposes.

Signed	Date ____/____/____
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FOR Folens Audit Log :

Reference No	DP/
Date request received	____/____/____
Identity verified	YES/NO
If yes	
Original ID supplied in person	YES/NO
If yes, original evidence of ID checked and returned to requester	YES/NO
Copy ID attached to request	YES/NO
If yes, ID verified, and documents shredded by	
Data supplied	
Method Used email/ post /in person	
Evidence of delivery (receipts)	
Receipt by data subject confirmed /Date	

Please send this form to:

Privacy Officer, Folens Publishers, Hibernian Industrial Estate, Greenhills Road, Tallaght, Dublin 24

Or email: privacyofficer@folens.ie