

# Subject Access Request Form



## 1) Details of person requesting the information

Title: Mr  Mrs  Miss  Ms

Surname \_\_\_\_\_ Forename \_\_\_\_\_

Business Name (if applicable) \_\_\_\_\_

### Current Address

House Number & Street \_\_\_\_\_

Town \_\_\_\_\_ County \_\_\_\_\_

Postcode \_\_\_\_\_ Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

### Are you an employee or ex-employee of Translink?

Yes  No

If yes, please supply your date of leaving \_\_\_\_\_ Staff Number \_\_\_\_\_

If staff number unknown, please indicate which Department worked in:

\_\_\_\_\_

## 2) Are you the data subject?

If you are the data subject please supply photocopied evidence of your identity to **Translink**. Translink reserves the right to request further proof of identity. (Go to Question 5)

### Please attach photocopies of one of the following,

Please tick below what evidence you have enclosed:

Birth Certificate  Valid Driver's Licence

Passport  Utility Bill  Other

(Go to Question 5)

No  Are you acting on behalf of the data subject with their written consent?  
(Please complete sections 3 and 4)

## 3) Details of the Data Subject

Title: Mr  Mrs  Miss  Ms

Surname \_\_\_\_\_ Forename \_\_\_\_\_

### Current Address

House Number & Street \_\_\_\_\_

Town \_\_\_\_\_ County \_\_\_\_\_

Postcode \_\_\_\_\_ Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

4) Please describe your relationship with the Data Subject that leads you to make this request for information on their behalf. Please complete in box below and attached authorisation form:

5) What information are you requesting from Translink about the Data Subject? Please assist us by providing specific details in the box below, by including dates, times, locations, departments etc:

**DECLARATION:**

I, \_\_\_\_\_ (Requestor's name) certify that the information given in this data Subject Access Request Form to Translink is true. I understand that it is necessary for Translink to confirm my/the Data Subject's identity and I understand that it may be necessary to obtain more detailed information in order to locate the correct information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**WARNING: A person who impersonates or attempts to impersonate another may be guilty of an offence.**

Translink will reply and set the start date for the 1-month period in which to respond to the request once Translink is satisfied upon the matters above and that all sections have been completed and all appropriate documentation forwarded.

**Checklist:**

- 1. Have you completed all of the appropriate sections?
- 2. Have you signed the form?
- 3. Have you enclosed your proof of identity?

Completed forms should be returned to:

**Legal and Governance office, Translink, 22 Great Victoria Street, Belfast, BT2 7LX**

**Office Use Only:**

Date form received:

Adequate ID received:

Letter of authority received:

Signed:

Date:

