

# Subject Access Request Form

You can use this form to make a request under the GDPR for the personal information the council holds about you. Please complete all of the fields on this form.

Please also include copies of your proof of ID and proof of residency so that we are able to verify who you are. Accepted proof of identity includes a driving license, passport or government identification card, or other ID card; proof of residency includes a current benefit or pension statement, current rent statement or tenancy agreement, a recent utility bill with your name on (issued within the last 3 months).

Please send *copies* of your proof of identity and residency with this form – DO NOT send original documents.

## About you (the 'applicant')

<b>Title (Mr, Mrs, Miss, Ms, Dr etc.):</b>	
<b>First Name:</b>	
<b>Last Name:</b>	
<b>Your address (correspondence and the requested information will be sent to this address unless you opt for e-mail below):</b>	
<b>Postcode:</b>	
<b>Daytime telephone number:</b>	
<b>E-mail address:</b>	
<b>Please tick this box if you are happy to receive correspondence and information via e-mail</b>	<input type="checkbox"/>

If you are making this request on behalf of another person (the 'data subject'), please (1) use the next box to supply the subject's name and address, and (2) get the subject to sign the statement. If you do not complete this section the information will be sent to the subject's home address.

If the subject is a child under the age of 12 please provide their date of birth.

If the subject is an adult who lacks the capacity to authorise a third party to act on their behalf, please provide a copy of the Power of Attorney or Court of Protection Order that authorises the applicant to act on the subject's behalf.

<b>Subject's title (Mr, Mrs, Miss, Ms, Dr etc.):</b>	
<b>Subject's first name:</b>	
<b>Subject's last name:</b>	
<b>Subject's address:</b>	
<b>Subject's postcode:</b>	
<b>Subject's date of birth (if under 12 years of age):</b>	

**I authorise the person whose name is given as the applicant to receive my personal data from the council**

<b>Signed (signature of the subject):</b>
<b>Date:</b>

**Please provide as much information as you can to help us identify the data you want**

**Please state what information you would like to access. For example, benefits payments, school allocations, social care:**

**If you want information about a particular incident, transaction or within a range of dates, please give details.**

**You do not have to give us a reason for wanting your records.**

Please return this form, copies of your proof of ID and your proof of residency, to:

Data Protection  
London Borough of Lambeth  
PO Box 734  
Winchester  
S023 5DG

Email: [dataprotection@lambeth.gov.uk](mailto:dataprotection@lambeth.gov.uk)  
Tel: 020 7926 9694