



## SAR request form

### Data Subject (person who information is about)

Title	
Name	
Date of Birth	
Year group (if child or young person)	

### Person making the request

Name	
Date of Birth	
Address	
Email Address	
Contact phone no	
Identification Evidence Provided (if required) Passport, Driving licence Two forms of utility bill within last 3 months <u>or</u> Bank statement of last three months <u>or</u> Council Tax bill	

### Status of person making request

Parent or person with Parental Responsibility	
Are you acting on their written authority (please provide a copy of the consent)	
If not the parent or with PR, what is your role?	

### Details of Data Requested

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## Declaration

I, ....., hereby request that the Children's Hospital School provide the data requested about me.

Signature:

Dated:

I, ....., hereby request that the Children's Hospital School provide the data requested about  
.....(insert child's name) on the basis of the authority that I have provided.

Signature: ..... Dated: .....



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