

The General Data Protection Regulation (GDPR) gives the data subject ("you" and "your"), the right to receive a copy of the data/information held by St. Catharine's College ("we" and "our") about you. You may also authorise someone to act on your behalf. We encourage you to complete this form in order to make your request in order to ensure you send us all the information we need to complete your request. You may send us a letter or email if you prefer.

Section 1

Please fill in your details. If you are not the data subject and are applying on behalf of someone else, please fill in the details of the data subject and not your own.

Title		
Surname		
First name(s)		
Name(s) you have		
previously been known		
under		
Date of birth		
Current address		
Previous address(es)		
Day time phone number		
Email address		
	on of your request, and any further information which will enable us to locate	
your personal data (please expand the box or continue on a separate page if necessary).		

I enclose the following as p	proof of identity:	
Birth certificate Photocard driving licence Passport		
An official letter to my add	lress	
	ble please contact St. Catharine's College for advice.	
ii none or these are availa	ble please contact St. Catharnie 3 College for advice.	
Section 2		
	n if you are applying on behalf of someone else (i.e. the data subject)	
Title	The you are applying on behalf of someone else (i.e. the data subject)	
nue		
Surname		
Julianie		
First name(s)		
First name(s)		
Date of birth		
Date of birtii		
Current address		
current address		
Day time a phane number		
Day time phone number		
Email address		
Email address		
Leader the City Constitution		
I enclose the following as proof of identity:		
Birth certificate	Photocard driving licence Passport	
An official letter to my address		
If none of these are available please contact St. Catharine's College for advice.		
What is your relationship to the data subject (e.g. parent, carer, legal representative)		
I enclose the following as p	proof of legal authorisation to act on behalf of the data subject:	
Letter of authority	Lasting or enduring power of attorney	
Full don't of novembel years	a:h:lite.	
Evident of parental respon	sibility Other	
Data Subject Declaration		
I certify that the information provided on this form is, to the best of my knowledge, correct, and that I am		
the person to whom it relates. I understand that St. Catharine's College is obliged to confirm proof of my		
* * * * * * * * * * * * * * * * * * * *	ay be necessary to obtain further information in order to comply with this	
Subject Access Request.		
Name		
Charles		
Signature		
Data		
Date		

OR		
Authorised Person Declaration (if applicable)		
I confirm that I am legally authorised to act on behalf of the data subject. I understand that St. Catharine's		
College is obliged to confirm proof of my identity/authority and it may be necessary to obtain further		
information in order to comply with this Subject Access Request.		
Name		
Signature		
Date		

Completed forms and your proof of identity should be returned to data.protection@caths.cam.ac.uk or Archivist, St Catharine's College, University of Cambridge, Cambridge, CB2 1RL.

Please note, CCTV footage is only retained by the College for 45 days. You are advised to contact the Head Porter or Archivist as soon as possible if you would like access to CCTV images. See https://www.caths.cam.ac.uk/about-us/college-documents/college-policies for the College's CCTV policy.

The legal basis for processing your personal data is that it is a statutory requirement to fulfil the obligations of the GDPR. You may ask us to explain our rationale at any time. The College will retain your data for the purpose of managing your request and will only keep it as long as necessary and in accordance with the College's retention policy.