LINK ACADEMY TRUST

*L a n d s c o v e S c h o o l H o u s e*

*L a n d s c o v e , Nr A s h b u r t o n*

*Devon. T Q 1 3 7 L Y*

*T e l : 0 1 8 0 3 7 6 2 1 1 3*

**Re: Subject Access Request**

Dear

Please provide me with the information about me that I am entitled to under the General Data Protection Regulation. This is so I can be aware of the information you are processing about me, and verify the lawfulness of the processing.

Here is the necessary information:

|  |
| --- |
| Name: |  |
| Relationship with the school | Please select:Pupil / parent / employee / governor / volunteer Other (please specify): |
| Correspondence address |  |
| Contact number |  |
| Email address |  |
| Details of the information requested | Please provide me with:Insert details of the information you want that will help us to locate the specific information. Please be as precise as possible, for example:My personnel fileMy child’s medical records My child’s behavior record, held by [insert class teacher]Emails between ‘A’ and ‘B’ between [date] |

If you need any more information from me, please let me know as soon as possible.

Please bear in mind that, in most cases, you must supply me with the information within 1 month and free of charge.

Yours sincerely