

**DATA PROTECTION ACT 2018 – RIGHT TO BE FORGOTTEN FORM**

**Details of person requesting the deletion:**

Full Name: .....

Company Name: (if applicable).....

Address: .....

.....

Tel No: .....

Email: .....

**Please state your relationship with University College Birmingham (“UCB”), e.g. student, employee or other (if other, please state specific relationship):**

.....

If you are/were a student, then please provide your student ID number: .....

**Are you the Data Subject?**

**YES** if you are the Data Subject, please supply evidence of your identity i.e. driving license, birth certificate, UCB ID card.

**NO** are you acting on behalf of the Data Subject with their written authority? If so, that authority must be enclosed and please complete the following:

**Details of the Data Subject (if different to the person requesting the information)**

Full Name: .....

Date of Birth:.....

Permanent Address:.....

.....

Tel No:.....Mobile:.....

Email: .....

**Please describe your relationship with the data subject that leads you to make this request on their behalf:**

.....

.....

**Please state below the information that you wish to be deleted:**

.....

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Please be aware that deletion of your personal data will mean that it may no longer be possible to confirm your attendance or any achievements at UCB should you need this in the future, depending on the amount of data you request to be deleted. Please be aware that, in the event that the data cannot be deleted, we will inform you and will give the reasons why it cannot be deleted.

**Signed:**..... **Date:**.....

Please return the completed form to Pro-Vice Chancellor Information Services, University College Birmingham, Summer Row, Birmingham B3 1JB. Documents which must accompany this application are:

- (i) Evidence of your identity
- (ii) Evidence of the Data Subject's identity (if different from above)
- (iii) Evidence of Data Subject's consent to disclose to a third party (if required, as indicated above)
- (iv) Where appropriate, a stamped addressed envelope for return of proof of identity/authority documents. UCB will accept no liability for loss of documents.

<b>Office Use Only:</b>		
Request Received On:		
Request forwarded to Data Champions:		
Date Completed:		
Notes:		
<b>Department</b>	<b>Name</b>	<b>Date Confirmation Received</b>
Academic		
School of Sports and Creative Services		
Business, Events and Tourism		
College of Food		
Education and Community		
DICE		
Learning Services		
Estates		
Exams		

Registry/CQD		
Finance		
Hired		
International Office		
ITSU		
Library		
Marketing/Admissions		
Personnel		
Principalship		
Student Records		
Student Services		

*Date last revised: 15/09/2022 v1.2*