



Subject Access Request

Please provide the following information to help identify your personal details:

Full Name _____

Guardian (if applying on another's behalf) _____

Student ID Number _____

Postal Address _____

Email Address _____

Phone Number _____

Please provide a date range:

Starting date DD/MM/YYYY	Finishing Date (DD/MM/YYYY)

Please identify the information you are requesting:

NUIGSU will respond to your request within one calendar month from receipt of this request, once received with validated Proof of Identity documents. Requests can be emailed to sudataprivacy@nuigalway.ie or by post to:

Data Privacy Manager
NUI Galway Students' Union
Áras na Mac Léinn
NUI Galway
University Road
Galway

Declaration

I confirm the information provided is true and accurate. I understand that it is an offence to provide false information in order to obtain personal data to which I am not entitled.

I have enclosed / attached the following required information

- Proof of identity (Copy of Photo ID)
- Copy of utility bill
- Letter of attorney or court order if applying on another's behalf

Síniú / Signed: _____

Datá / Date: _____