

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:

<i>Starting date DD/MM/YYYY</i>	<i>Finishing Date (DD/MM/YYYY)</i>

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 and Proof of Identify documents should be posted 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: _____