



Personal Data Request Form

The following form should be used for all requests for Personal Data, in relation to yourself, a staff member or student, or past staff member or student or other UWI affiliate. Please complete each section carefully as required. Incomplete forms cannot be processed.

Section I (to be completed by Data Requestor) You should only use this data for the purpose stated in this request. Failure to abide by the terms under which access to this data was granted may result in disciplinary action taken against you.

Title: Prof Dr Mr. Mrs. Ms. Miss Other _____

CONTACT INFORMATION	
Date Requested:	
Name of Requestor:	
Department/Organization:	
Email address:	
Phone number:	
ID number (where applicable)	

About whom are you requesting information?

- Myself
- Student
- Staff
- Alumni
- Other Please specify _____

Description of Request: (Attach supporting documentation if necessary)

Version Number: 1.0

Created/Modified by: University Data Protection Office

Version Date: June 7, 2023

Purpose: (what will the data be used for)

Priority: High Low

If High, please explain

Recipients: (who else will be given access to this data)

All persons who are given access will be personally accountable for the data.

Name:

Email address	Phone number	Department/Organization	Reason for access

Name:

Email address	Phone number	Department/Organization	Reason for access

Name:

Email address	Phone number	Department/Organization	Reason for access

Name:

Email address	Phone number	Department/Organization	Reason for access

Name:

Email address	Phone number	Department/Organization	Reason for access

Due Date: **Signature of Requestor:**

Office Use Only

Staff member assigned:
Request received on the day of 20.....
Additional information received on theday of 20.....
Request approved on theday of 20.....
Request denied on theday of 20.....
Response sent on theday of 20.....

Reasons for request being denied

.....

Data Executive

.....

Date

Section II (to be completed by Data Executive/Data Custodian)

Details of data required: (specific criteria to be used)

Specific columns to be reported: (attach sample report layout if necessary)

File Format: PDF Excel Word Other: (please specify)

Section III (to be completed by ESS)

Staff Member Assigned: Date completed:

Comments: (Any issues, limitations, errors that were found)