



## Data Subject Personal Data Managed/Processed - Disclosure Request Form

According to The UWI Data Protection Policy (2020), you are entitled to request access to (and, if necessary, to correct any inaccurate and/or incomplete) information held for you by the University. This form must be completed in order for the University to process your request.

We will respond to your request promptly, but in at least 30 (thirty) days, with:

- confirmation of your request; and
- notice of any further information we may require from you to enable compliance with your request.

Please note the following:

- depending on the complexity and number of requests we receive, we may extend the period by a further two (2) months;
- the information you provide will be used for the purpose of identifying you and the Personal Data requested.

### Section A: Requestor Details (Mandatory Section)

**Are you the Data Subject (the person to whom the data relate)?**

**Yes**

**No** (You will need to enclose Data Subject's written authority certified by a Justice of the Peace or Notary Public)

Your Name (Last, Middle, First):	Last Name	Middle Name	First Name
Id number:			
Id Type: (E.g. Passport, DL, UWI Id)			
Contact telephone number:			
Email Address:			
Physical Address			

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**Section B: Current Registration details** (if different from Requestor)

Your Name (Last, First):	
UWI Id number:	
Faculty:	
Department:	
Programme of study:	

**Section D: Declaration**

I, \_\_\_\_\_ do hereby,  
First Name Last Name (e.g. John Doe)

1. **Confirm** that I have read and understood the terms of this **Data Subject Personal Data Managed/Processed Disclosure Request Form**;

In relation to this request

2. **Consent** to the processing of the Personal Data and/or Sensitive Personal Data submitted on this form as well as any Personal Data which I submit in the future;
3. **Consent** to the sharing of my Personal Data and/or Sensitive Personal Data and, where the request relates to someone else, their Personal Data and/or Sensitive Personal Data, with the Supervisory Authority in any jurisdiction which governs the University at the location where the processing of Personal Data is to take place;
4. **Consent** to the sharing of my Personal Data and/or Sensitive Personal Data and, where this request relates to someone else, their Personal Data and/or Sensitive Personal Data, with other Data Controllers and/or Data Processors, who obtained the Personal Data from the University, or publicly as a result of that Personal Data being made public by the University, to rectify this Personal Data;
5. **Certify** that the information provided in this request is true, correct and within my personal knowledge; and

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6. **I understand** it is necessary to confirm my identity and, if applicable, that of the Data Subject on whose behalf I am acting.

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**Signature**

**Date**

### Supplementary Documentation

- Proof of Requestor's identity (See Section A)

Please address and return a copy of this completed form, together with the Supplementary documentation to:

#### The University Data Protection Officer

**Physical Address:**

The University Data Protection Office  
Regional Headquarters  
The University of the West Indies  
2A Hermitage Road  
Kingston 7  
Jamaica, W.I

**Email:**

[dpo@uwi.edu](mailto:dpo@uwi.edu)

**Telephone Numbers:**

(876) 977-3015 or (876) 970-5417

**Note:** We accept documents which have been handwritten, scanned, and attached to an email.

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