This form applies to EU subjects under General Data Protection Regulation. All data access requests should include the completed form along with all the signatures.

1. **DATA SUBJECT DETAILS:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** | Mr ☐ | Mrs ☐ | Miss ☐ | Ms ☐ | Other: ☐ |
| **Lastname** |  | | | | |
| **First name** |  | | | | |
| **Middle name** |  | | | | |
| **Current address** |  | | | | |
| **Telephone number:** |  | | | | |
| **Home** |  | | | | |
| **Work** |  | | | | |
| **Mobile** |  | | | | |
| **Email address** |  | | | | |
| **Date of birth** |  | | | | |
| **Government Issued ID #** |  | | | | |
| **Details of identification provided to confirm name of data subject:** |  | | | | |
| **Details of data requested:** |  | | | | |

* 1. ***DETAILS OF PERSON REQUESTING THE INFORMATION (if not the data subject):***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you acting on behalf of the data subject with their written or other legal authority? | | | Yes ☐  No ☐ | | |
| If ‘Yes’ please state your relationship with the data subject (e.g. parent, legal guardian or solicitor) | | |  | | |
| Please enclose proof that you are legally authorized to obtain this information. The proof document must be notarized/attested by an authorized entity. | | | | | |
| **Title** | Mr ☐ | Mrs ☐ | Miss ☐ | Ms ☐ | Other: ☐ |
| **Lastname** |  | | | | |
| **First name** |  | | | | |
| **Middle name** |  | | | | |
| **Current address** |  | | | | |
| **Telephone number:** |  | | | | |
| **Home** |  | | | | |
| **Work** |  | | | | |
| **Mobile** |  | | | | |
| **Email address** |  | | | | |

1. **DECLARATION**

I, ………………………………………………………, the undersigned and the person identified in (1) above, hereby request that University of Alaska provide me with the data about me identified above.

Signature: Date:

SAR form completed by (employee name):

I, ………………………………………………………, the undersigned and the person identified in (1.1) above, hereby request that University of Alaska provide me with the data about the data subject identified in (1) above.

Signature: Date:

SAR form completed by (employee name):

This form must immediately be forwarded to University of Alaska’s Data Protection Officer, [ua-privacy@alaska.edu](mailto:ua-privacy@alaska.edu)