

LORETTO HOUSING ASSOCIATION SUBJECT ACCESS REQUEST FORM

Under Article 15 of the General Data Protection Regulations (GDPR) you have the right to access your personal information held by us. If you wish to access information about someone else then you shall require their written consent, which you must make available to us. You may be committing an offence to request information about other individuals without their consent.

Please complete this form and return to Information Governance Team, Wheatley Group, Wheatley House, 25 Cochrane Street, Glasgow, G1 1HL.

1. Personal Details - we ma	y make additional checl	ks to ve	rify your	<u>identit</u>	у.		
Present Address:							
Fresent Address.							
		Doot (20dos		T		
Talanhana ayyashan	Post Code:						
Telephone number:		Date	Date of Birth:				
Length of time at this address		<u> </u>					
If less than two years, please		3:					
2. Information you wish to							
Please specify the information CCTV	1 you wish to access:						
Housing Allocation	Tenancy informatio	n	Other -	specify			
Care service information	Rent information	11	Otrici	эрсопу	•		
Please provide details of any	ı	Rent Re	eference	and Allo	cation Refere	ence Numbers	
below.	reference numbers - e.g.	T CHILLY	CICICIIOC	ana / inc	Joanon Rolord	nioc rambers	
Reference number(s):							
3. CCTV Details							
Unless this section is comp	leted and a passport si	ze phot	ograph c	of yours	elf is attache	d, no search of	
data can be made.							
Date footage was recorded:		1					
Where was the camera:	Time - start						
Describe what you expect		Time - finish					
to see:							
4 Basis actions							
4. Declaration Declaration:							
I request that you provide me	with a conv of the person	al inform	mation ah	out ma	which you ho	ld and requested	
above.	with a copy of the person	iai iiiioii	nation at	out me	Willett you no	id and requested	
I confirm that I am the Data S	Subject and am not acting	on beh	nalf of sor	meone e	else.		
Signed:	,						
This section to be completed by persons acting on			Date:				
your behalf:							
Declaration (REPRESENTAT					Cartan Calabrie		
I confirm that I am acting on be Representation Mandate:	enalf of the data subject	and hav	e submiti	ted prod	of my identif	ly and a	
Name:							
Present Address:							
1 1030Ht Addie33.							
Signed:		Post Code:					
				. 55. 6	2301		
	Date:						