

**DATA PROTECTION ACTS 1988 – 2018**  
**REQUEST FOR ACCESS OR AMENDMENTS TO PERSONAL DATA**



**1. Your details (please use block letters)**

<b>Surname:</b> _____	<b>Former Surname:</b> _____
	(If applicable)
<b>Forenames:</b> _____	
<b>Postal Address:</b> _____	
_____	
<b>Email Address:</b> _____	
<b>Phone Number(s)</b> _____	
If you lived at an address different from the address given above during your association with the University please provide it here:	
_____	
<b>Status: (complete as applicable)</b>	
Student: Current: <input type="checkbox"/>	Former: <input type="checkbox"/>
ID No:	_____
Staff: Current <input type="checkbox"/>	Former <input type="checkbox"/>
Department:	_____

**2. Data**

I wish to have access to <input type="checkbox"/> or make amendments to <input type="checkbox"/> (tick appropriate box) the data that the University holds concerning me as described below: _____ _____ _____
<b>Signature:</b> _____ <b>Date:</b> _____

The University will ask for proof of ID to verify the data subject's identity, such as a driving licence, passport, student/staff ID card etc. Please return the completed form to:

**Data Protection Officer, Room BM-022, University of Limerick, Limerick or email your completed form to [dataprotection@ul.ie](mailto:dataprotection@ul.ie)**