

## **DATA PROTECTION RIGHTS REQUEST FORM**

**Complete this Form to make a request to:**

- **rectify an inaccurate record**
- **erase a record or to restrict processing**
- **object to processing**
- **request portable data**
- **cease automated decision-making and/or profiling**

**Please use the separate subject access request form for accessing your personal data.**

### **Guidance**

1. Please give as much detail as possible to enable us to locate the record and consider your request.
2. Please supply proof of your identity. We require 2 forms of identity. This should be a photocopy of your current passport and/or your birth certificate/driving licence or a recent utility bill.
3. If you are applying in relation to your child's personal data, and your child is over the age of 12, please supply proof of identity for yourself AND your child. In addition to this, please supply written permission from your child, to make this request.
4. If you are applying on behalf of another person please provide a copy of their signed consent and/or power of attorney.
5. Please send this form and accompanying documentation by email to:  
[DPO@crowley.l\( \)-2\(e\)2\(i\)2\(o\)-4\(n\)-4\( \)8\(b\)-4\(y\)10v\(n\)-4\( \)-5\(cf0Ag T\\* \[\(D\)2\(614\(u\)-4\(r\)0](mailto:DPO@crowley.l( )-2(e)2(i)2(o)-4(n)-4( )8(b)-4(y)10v(n)-4( )-5(cf0Ag T* [(D)2(614(u)-4(r)0)

**Data Subject details-the person whose personal data the request is about.  
Please provide aliases.**

Surname:	Former surname:
Forenames:	
Title:	Data of birth:
Address:	

**Requestor details if different from the above**

Full name:
Address:
Phone no.
Email address:

**The data and where it is held**

Description of data:
Department/ office where personal data is held:

What you want us to do	Select	Reason for the request
Rectify an inaccurate record		
Erase or restrict processing of the record		
Stop the processing		
Provide portable data		
Cease automated decision-making and/or profiling		

Signature..... Date.....