

Augustinian Data Subject Access Request Form

Full Name:
Address:
Telephone:
Email:
Are you the Data Subject?
If YES; please supply evidence of your identity, i.e., something bearing your signature such as a copy of driving licence or passport.
If NO, and you are acting on behalf of the Data Subject, please provide us with their written authority.
Please provide us with their
Full Name:
Address:
Telephone:
Email:
Please describe your relationship with the data subject that leads you to make this request for information on their behalf



Please describe the information you seek together with any other relevant information. This will help to identify the information you require
DECLARATION:
To be completed by all applicants. Please note that any attempt to mislead may result in prosecution.
I
Signature:
Date:
A response to an Access Request will be supplied to the individual within 30 days of receiving the request.
Please return the completed form to
Augustinian Provincial Office, Augustinian Province of Ireland, Taylor's Lane, Ballyboden, Dublin 16.
Documents which must accompany this application include • Evidence of your identity

- Evidence of your identity
 Evidence of the data subject's identity (if different from above)
 Authorisation from the data subject to act on their behalf (if applicable)

Please include a stamped addressed envelope for return of proof of identity.