**Data Rights Request**

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| **Name** |  |
| **Email address** |  |
| **Phone number** |  |
| **What is your relationship to us?** | I am / was connected with an IQV Certified Organisation  I am / was connected with an IQV Learning Provider   I am / was a registered IQV learner   I was previously a member of staff / contractor   Other |
| **When was this?** |  |
| **Please provide any identification numbers / reference numbers which we issued to you which you are aware of** |  |
| **Please provide any details of Certified Organisations or Learning Providers whom you are connected to** |  |
| **What data rights are you looking to exercise?** | Access request   Rectification request  Restrict processing request  Object processing request   Erasure request  Portability request |
| **Provide any further notes / explanation for your request** | |
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| I confirm I am the named data subject above, and I confirm that I authorise IQ Verify to take any processing steps necessary to deal with my request.  **Signature:** **Date:** | |

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| **Admin use only**  Collated by:  Date received : |