**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**  |
|  |
| 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 :  |