

The General Data Protection Regulations (GDPR) provides you, the data subject, with a right to rectify any data/information we hold about you or to authorise someone to act on your behalf. Please complete this form if you wish to rectify your data. You may also need to provide proof of your identity. Your request will be processed within 30 calendar days upon receipt of a fully completed form and proof of identity (where required). Students and Staff Members please only complete this form if you are unable to make the updates yourself via the Student portal (eVision) or HRConnect.

Proof of identity:

In certain circumstances we may require proof of your identity before we can amend personal data. The data protection officer will advise if proof of identity is required. If you have changed your name, please supply relevant documents evidencing the change.

Section 1: Data Subject

Please fill in your details (the data subject). If you are not the data subject and you are applying on behalf of someone else, please fill in the details of the data subject below and not your own.

Title:	Mr [] Mrs [] Ms [] Miss [] Other [
Surname/ Last Name:		
First Name(s):		
Student/Staff ID No.:		
Address:		
Email Address:		
Day Time Telephone Number (s)		

Rectification Request

Please detail in the box below, with as much information as possible, the data/information that you wish to be rectified.

Details:			
Reason for rectification	<u> </u>		
Edinburgh Napier Universite requires an appropriate re	rgh Napier University will not unreasonably prevent rectification of data however s an appropriate reason to make such amendments. Please detail below the reason uiring the data rectification.		
Details:			
Section 2: Represer	ntation		
Please complete this sectio else (i.e. the data subject).	on of the form with your details if you are acting on behalf of someone		
If you are NOT the data subject, but an agent appointed on their behalf, you will need to provide evidence of your identity as well as that of the data subject and proof of your right to act on their behalf.			
	•		
Title:	Mr [] Mrs [] Ms [] Miss [] Other []		
Surname/ Last Name:			
First Name(s):			
Company Name:			

Address:	
Email address	
Day Time Telep Number (s)	hone
dentification: am enclosing the	following copies as proof of identity:
Official Company L	Letter [] Driving Licence [] Passport [] Official letter to my address [
	the data subject below your relationship to the data subject (e.g. parent, carer, legal
Authorisation I am enclosing the subject:	ne following copy as proof of legal authorisation to act on behalf of the data
	enduring power of attorney f parental responsibility
hat I am the perso proof of identity/au	
Name:	

Signature:	
Date:	

OR (if applicable)

Authorised Declaration:

I confirm that I am legally authorised to act on behalf of the data subject. I understand that the University is obliged to confirm proof of identity/authority and it may be necessary to obtain further information in order to comply with this subject access request.

Name:	
Signature:	
Date:	

Warning: a person who unlawfully obtains or attempts to obtain data is guilty of a criminal offence and is liable to prosecution.

Section 4: Actions

Please send your completed form to:

Data Protection Officer
Governance Services
Edinburgh Napier University
Sighthill Campus
Edinburgh
EH52 6UJ

or

Data Protection Officer dataprotection@napier.ac.uk