**Annex 7 of the Data Protection Policies**

**Removal Request Form for Personal Data**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name(s): |  | | |
| Surname: |  | | |
| Previous Surname (if relevant): |  | | |
| Date of Birth |  | | |
| Current Address |  | | |
|  | | |
|  | Postcode |  |
| Contact Number: |  | | |
| Email Address: |  | | |

You may be contacted by the Data Protection Officer to provide further identification. We will only request information that is necessary to confirm who you are.

If that is the case we will let you know as soon as possible before responding to your request. The period for responding to the request begins when we receive the additional information.

Please give details of your request:

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Reason for requesting removal (optional):

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**Please note that the College may not be able to remove your personal data if there is a legal or contractual agreement that requires your information to be retained.**

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form should be attached to an email and sent to [DPO@sheffcol.ac.uk](mailto:DPO@sheffcol.ac.uk) or returned to the receptionist at your Local College in an envelope marked FAO Data Protection Officer.