



## Data Subject Access/Change Request Form

The following information is needed to help us (Building Bridges in Medical Sciences, BBMS) give a quick and accurate response to your inquiry. Please complete the information below and return the form by post or email to the Data Protection Officer (contact details provided below).

### Part A. Your request

Title:	
Surname:	
Forename(s):	
Address:	
Telephone number:	
Email address:	
Other name by which you have been known, if applicable:	
Relationship to BBMS:	

Please provide a description of your request, and any further information which will enable us to locate your personal data (continue overleaf if necessary).

### Part B. Proof of identity

Data Protection legislation requires the College to satisfy itself as to the identity of the person making the request. Please send a photocopy of one form of identification containing a photograph (e.g. University Card, Passport, Photocard Driving Licence) to the Data Protection Officer. If the supply of this documentation is problematic, please contact us to discuss alternative proof of identity arrangements. If the College is unable to satisfy itself as to your identity from the documentation you send us, we will contact you as soon as possible.

### Part C. Declaration

I am the Data Subject named in Part A of this document, and hereby request, under the provisions of Data Protection legislation, that Robinson College provides me with copies of my personal data and/or makes the changes requested as described above.

I have provided my proof of identity.

Signature: ..... Date: .....

Please return this request to:

FAO: Lesley Dixon and BBMS Committee Chair(s)

Graduate and Clinical Academic Training Section, School of Clinical Medicine

University of Cambridge, Box 111, Cambridge Biomedical Campus Cambridge, Cambridge CB2 0XY

[bbmscambridge@gmail.com](mailto:bbmscambridge@gmail.com)