



## SUBJECT RIGHTS REQUEST INFORMATION & FORM 2018

To make a Subject Rights Request (SRR) you must fill in the SRR form and send it to:

Ms. Elaine Mulqueen  
Information Compliance Manager  
Mary Immaculate College  
South Circular Road  
Limerick

or email your request to: [dataprotection@mic.ul.ie](mailto:dataprotection@mic.ul.ie)

Proof of your identity will be required.

Please provide any details that may help the College to identify you and which may help to locate all of the information which may be held about you (for example your student or staff ID number, your date of birth, any previous addresses, change of name etc.).

You will appreciate that the College may hold a substantial amount of data but you may only want access to a small portion of that data. In these circumstances it would be helpful if you can be as specific as possible about the information you wish to see.

If you are requesting amendments to personal data held, you should indicate what data is inaccurate and provide the correct version of same. Evidence of change of your personal information may be required in some cases. We will advise you if this arises.

You are legally entitled to a decision regarding your request within one month of the College receiving your request. Every effort will be made to deal with your request as soon as possible.

If you are unhappy with the decision of the College, you have the right to complain to the Data Protection Commissioner who will investigate the matter for you. The Commissioner has legal powers to ensure that your rights are upheld. Further details on your rights are available at the Data Protection Commissioners website [www.dataprotection.ie](http://www.dataprotection.ie)



**SUBJECT RIGHTS REQUEST FORM 2018**

**Under the General Data Protection Regulation (GDPR), you as a Data Subject have specific rights in relation to your personal data that is being processed and stored by MIC. To exercise this right, please complete this form and provide adequate proof of identity.**

**1. YOUR DETAILS (PLEASE USE BLOCK LETTERS)**

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Address\*: \_\_\_\_\_

\_\_\_\_\_

Daytime phone nos: \_\_\_\_\_

Email address: \_\_\_\_\_

\*If you have not lived at the above address during your association with the College, please provide a previous address:

\_\_\_\_\_

\_\_\_\_\_

Status: (complete as applicable)

STUDENT     Current     Former    ID No.:

STAFF     Current     Former    Dept:

**2. DATA**

Type of Request (Please tick as appropriate)	Description of Request Please ensure your request is specific and includes detailed information to allow the relevant records to be identified.
<input type="checkbox"/> <b>Request to access</b>	<hr/> <hr/>
<input type="checkbox"/> <b>Request for rectification</b>	<hr/>

<input type="checkbox"/> <b>Request for erasure</b>	
<input type="checkbox"/> <b>Request to restriction of processing</b>	
<input type="checkbox"/> <b>Request to object</b>	

**Data Subject Declaration**

I certify that the information provided above is correct to the best of my knowledge. I also understand that the College is obliged to confirm proof of identify/authority and it may be necessary to obtain further information in order to complete this request.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Processing of Form**

Please return the completed form via email to [dataprotection@mic.ul.ie](mailto:dataprotection@mic.ul.ie) or via post to **Information & Compliance Office, Room 108, Mary Immaculate College, South Circular Road, Limerick.**