# Office of the Bedfordshire Police and Crime Commissioner Logo

# Subject Access Request Form

**General Data Protection Regulation 2018 and Data Protection Act 1998**

**OFFICIAL SENSITIVE (once completed)**

# Your Details

|  |  |
| --- | --- |
| Title |  |
| Last Name |  |
| First name (include middle names) |  |
| Maiden / former names |  |
| Gender |  |
| Date of birth |  |
| Current home address    This must match the current address on your forms of identity (this is the address to which your reply will be posted) |  |
| Telephone number or email address (not mandatory but for means of contact) |  |
| Proof of identity To help establish your identity, your application must be accompanied by copies of **two** **official documents, which between them** **clearly show your name, date of birth, current address, and signature**. Photocopies are acceptable.  Examples for date of birth include birth / adoption certificate, medical card, passport, and drivers’ licence (where a photo-card licence the counterpart / paper portion is unsuitable as the date of birth is encoded).  Examples for current address include utility bill (gas, water, electric or telephone) council tax bill, bank / credit card statement, correspondence from the Inland Revenue or Benefit Agency, mortgage lender, professional body, solicitor’s letter, correspondence from your employer (payslip / letter of appointment).  Failure to provide this proof of identity will prevent us from releasing information.  We may request that you attend the Office of the Police and Crime Commissioner in person in order to verify your identity.  Children aged 13 or over are able provide their own consent, therefore they will be able to make their own subject access request.  For children under this age, you will need to provide proof of parental responsibility if you are requesting information on behalf of your child. | |
| **Declaration** | |
| To be signed and dated by the applicant. Failure to complete this declaration will delay the processing of your application.  The information which I have supplied in this application is correct, and I am the person to whom it relates.  Signed by: Name (in capitals):  Date:  ***Warning – a person who impersonates or attempts to impersonate another may be guilty of an offence.*** | |

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| **Your Requirements** |
| ***Please details here what information to want with regard to copies of information held, reasons for processing, requests for deletion of records, requests for changing of records held by the Bedfordshire Office of the Police and Crime Commissioner.*** |

When you have completed and checked this form, send it together with copies of the TWO identification documents to the Police and Crime Commissioner for Bedfordshire (if applicable) to:

Office of the Police & Crime Commissioner for Bedfordshire

Bridgebury House

Bedfordshire Police Headquarters

Woburn Road

Kempston

Bedford

MK43 9AX

If you have any queries regarding this form or your application, you can ring the Office of the Police and Crime Commissioner on **01234 842064** or email [PCC@beds.police.uk](mailto:PCC@beds.police.uk)