**SUBJECT ACCESS REQUEST FORM**

**Section One**  Details of person completing SAR

Name…………………………………Address………………………………………………………………….

Tel.No………………………………..Email……………………………………………………………………..

Date……..……………………………Signature……………………………………………………………….

**Section Two**  Is the SAR about you?

Yes………….. I am the Data Subject and I have provided my identification

No………….. I am acting on behalf of the Data Subject. I have provided identification for myself and the Data Subject. Acceptable identification is any Government issued document including a photograph

**Section Three** Data Subject details (if different to section one)

Name…………………………………Address………………………………………………………………….

Tel.No………………………………..Email……………………………………………………………………..

Date……..……………………………Signature………………………………………………………………

**Section Four**  Please list information required

The information on this SAR will be used exclusively for the purpose of this SAR. We will maintain your name on SAR Register for audit purposes. Return completed form to an Official of Horsham Blue Star Harriers together with all necessary identification.