

Data Subjects Rights Access Form

Name of Requester: _____

Employee Number: _____

(where relevant)

Name of Agent: _____

(where relevant)

Right being exercised:

1. Right to Rectification
2. Right to Erasure
3. Right to Restriction of Processing
4. Right to Data Portability
5. Right to Access
6. Right to Object

Description of Request

Please provide as much detail as possible to enable us to locate the information and fulfil the request within the statutory timeframe:

This form should be emailed to dpo@smcc.ie



For internal use only

Proof of ID provided

Signed Authority provided

(where request is not made by the data subject)

Date: _____

Date of receipt of request: _____