

Date Request Received (Official use only)	
Reference Number (Official use only)	

**Request for disclosure of information under
Schedule 2 Part 1 of the Data Protection Act 2018**

1. NAME OF ORGANISATION REQUESTING THE DATA

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2. FULL ADDRESS AND POSTCODE

Address	
Postcode	

3. NATURE OF ENQUIRY

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4. THE INFORMATION SOUGHT (*Please include the name of the Data Subject*)

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5. WE REQUIRE THE PERSONAL DATA DESCRIBED ABOVE BECAUSE (*select one or more by ticking*):

- i) Without it the Prevention or Detection of Crime will be Prejudiced _____
- ii) Without it the Apprehension or Prosecution of Offenders will be Prejudiced _____
- iii) Without it the Assessment or Collection of any Tax or Duty will be Prejudiced _____
- iv) Disclosure is required by the Following Act Of Parliament (*not DPA*):

No. of section in Act which permits personal data to be disclosed _____

- v) The Data is Necessary for the Purpose of, or in Connection with, Legal Proceedings, Obtaining Legal Advice, or is otherwise Necessary for the Purposes of Establishing, Exercising or Defending Legal Rights (see the important note at the foot of this page) _____

Note: With respect to v), (a) the data must be "necessary" and not simply helpful and (b) the Data Protection Act states that QMUL is **allowed** to disclose the data but is not **compelled** to do so; QMUL has the right to exercise its own judgment in balancing the rights and interests of the applicant, itself and the Data Subject. Please attach a statement justifying why the personal data is "necessary".

6. IF YOU HAVE TICKED 5. i), ii) OR iii) ABOVE, PLEASE EXPLAIN WHY THE DATA REQUESTED WILL ASSIST

7. NAME OF THE QUEEN MARY UNIVERSITY OF LONDON DEPARTMENT OR TEAM TO WHICH THE REQUEST IS ADDRESSED (if known)

DECLARATION:

If I/we do not receive the data, this will prejudice the purpose(s) specified above. I/we accept that the data supplied by Queen Mary University of London is governed by the General Data Protection Regulation and Data Protection Act 2018. I/we agree to use the data only for the purpose(s) specified above, and in accordance with the Act and to treat the data in confidence.

This form must be signed by two responsible individuals

SIGNED _____ DATE _____

NAME _____ TITLE/RANK _____

Authorised by (higher rank/position):

SIGNED _____ DATE _____

NAME _____ TITLE/RANK _____

ADDRESS (For return of the information)

TELEPHONE NUMBER _____

FAX NUMBER _____

E-MAIL ADDRESS _____

(Confidential/Restricted information will not usually be sent by e-mail)

