

## **Subject Access Request Form**

Please fill in the details below, to enable us to provide you the information which you are entitled to under the General Data Protection Regulation (GDPR)

<b>First Name:</b>	
<b>Surname:</b>	
<b>Date of Birth:</b>	
<b>Full Address:</b>	
<b>Postcode:</b>	
<b>Contact: (email/phone number)</b>	
<b>Type of ID:</b>	
<b>Any other additional info:</b>	

Please give details of the information you require from us:

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We request that you kindly provide us with the following additional ID for verification of your identity:

- Photographic ID – passport/driving licence (or similar ID document);

Please note that we will endeavour to respond to your request within one month of receipt. If for any reason this may take longer, we will contact you to notify you of an expected date of receipt.

**Return this form to [foi@lsha.co.uk](mailto:foi@lsha.co.uk)**

Date of receipt	
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