5 Dimensions Trust Subject Access Request Form

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| Name: |  |
| Relationship with the school | *Please select:**Pupil / parent / carer/ employee / governor / volunteer* *Other (please specify):* |
| Correspondence address |  |
| Contact number |  |
| Email address |  |
| Details of the information requested | Please provide me with:*Insert details of the information you require that will help us to locate the specific information. Please be as precise as possible, for example:** *My personnel file*
* *My child’s medical records*
* *My child’s behaviour record, held by [insert class teacher]*
* *Emails between ‘person A’ and ‘person B’ between [dates]*
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Please return this form to the school via email or at reception.