

# SILVERHILL PRIMARY SCHOOL

## RIGHT TO ERASURE APPLICATION FORM

Please complete this form and send it to:

Jason Coupland –School Business Manager  
Silverhill Primary School  
Draycott Drive  
Mickleover  
Derby DE3 0QE  
Email: admin@silverhill.derby.sch.uk

The General Data Protection Regulation (GDPR 2016) gives you the right to request for your personal information to be deleted or that of your child if under 13, this is known as the 'right to erasure'. This allows you to request data to be deleted where you no longer feel it is necessary or where you have withdrawn your consent for that data to be processed.

For your protection and the security of the data and you are over 13 years of age the school will need to confirm that you are the person whom the data is about, and we will require proof of your identity before we erase the data.

If you are acting on behalf of your child, the school will need proof of this as well as proof of your identity. We will need to contact the data subject to confirm that they have authorised you to act on their behalf if they are over 13 years of age.

If you have not provided the relevant proof of identity and consent with the form it will need to be provided before we can process your request for erasure.

Once your request has been validated, the school will have a month to respond to your request. However if your request is complex, the school may require a further two months.

Please note if the school has legitimate processing grounds or is subject to a legal obligation we may be unable to comply with your request for erasure. We will let you know if this is the case, as well as any reasons why we are unable to comply with your request.

If you would like to request for the personal data that the school holds about you or your child to be erased, please complete the questions below to tell us about you and the data you would like to be erased.

### Section 1 - Details of person requesting erasure (data subject or agent)

Full Name: Mr/Mrs/Miss/Ms	
Address:  <i>This address will be used for all postal correspondence</i>	
Postcode:	How long have you lived at this address (if Data Subject):
Email:  <i>Only provide this if you are happy for us to contact you in this way.</i>	
Telephone number:	Date of Birth (if Data Subject): DD/MM/YY

## Section 2 – Who is the data subject this request is in relation to?

Whose records do you wish to see?	My Own/Other
If other, what is their relationship to you:	

## Section 3 - Details of the data subject

Name and address (if you are acting on behalf of the data subject) otherwise we will use the details given in section 1.

Full Name: Mr/Mrs/Miss/Ms
Present Address:

Other detail

Any other addresses that the data subject has lived at in the last two years:	
Any other names by which the data subject might be known:	
Date of birth (if known): DD/MM/YY	Possible Age (if date of birth unknown):
Is the data subject a student or staff member?	Student/Staff member
What contact has the data subject had with the school in the last two years?	

## Section 4 – Information to be erased

Please tell us the information held by the school that you request to be erased.

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**Section 5 – Time period for data to be erased**

The school may hold data about you over a period of time. Please tell us which time period the information your request for erasure is in relation to, if applicable.

Start date: DD/MM/YY	End date: DD/MM/YY
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**Section 6 – Reason for erasure**

Under the General Data Protection Regulation, there are several grounds which may apply to requests for data to be erased. Please use the box below if you wish to inform us of the reason for your request for erasure.

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**Section 7 – Declaration as a data subject**

Under the right granted to me under the General Data Protection Regulation, please erase the personal data about me detailed above.

I confirm that I am the data subject.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Section 8 – Requests on behalf of children**

This section is to be completed by the data subject’s agent, if they are acting on behalf of their child who is aged 17 or under.

Please confirm the following;

The data subject’s age;

Under 13 years old	
Between 13 and 17 years old	

If you are acting on behalf of your child and they are under the age of 13, then we will require proof of parental responsibility. This can be evidenced with their full birth certificate.

If you are acting on behalf of your child and they are between 13 and 17 years old, then we require written consent from them. If consent can be provided, then Section 10 needs to be filled in by your child consenting to you acting on their behalf.

If your child is unable to give consent and is between the ages of 13 and 17, then please explain why this is the case.

### Section 9 – Requests on behalf of others (legal orders)

If you are requesting erasure on behalf of an individual who is not your child and you do not have the legal power to give consent and they are able to consent to you acting on their behalf, they need to complete Section 10.

If the individual is over the age of 13 and is deemed not to have consent by virtue of a certified court order i.e. power of attorney or a deputyship order then Section 10 needs to be filled in by the person you are acting on behalf of if you do not already have legal power to do so.

If you have been given legal powers to act on their behalf, then please confirm what legal powers you have. We will require evidence of this in order to process your request.

Deputyship	
Power of attorney	
Other	

If you have selected 'other', than please inform us what legal powers you have.

### Section 10 – Consent

This is to be completed by the data subject if written consent is required to process the request for erasure as detailed in Sections 8 and 9.

I, \_\_\_\_\_

Agree   
Don't agree  (Please tick one box only)

That \_\_\_\_\_ can act on my behalf in this request for the erasure of personal information held about me by **Silverhill Primary School**

Signed \_\_\_\_\_ Date \_\_\_\_\_

### **Section 11 – Data subject’s agent**

This section to be completed by person(s) acting on behalf of the data subject

I confirm that I am acting on behalf of \_\_\_\_\_ and have submitted proof of my authority to do so.

Signed \_\_\_\_\_ Date \_\_\_\_\_

***Please use the box below to provide us with any other information that you think will help us identify the information you wish to be erased and assist with your request.***