

Section 1 - Data Subject Details

	ot Details				
Surname					
Forename(s)					
Tenant Reference					
Contact Number					
Address					
Email address					
Date of Birth					
Ve may need to contact Section 2 – the Person			_	<u>lalis provided above.</u>	
Housing Application			Housing Benefit		
Tenant Files			Complaints		
Rent Information			Other Please note		below
Other: Please enter as are requesting:	s much det	ail, includi	ng any relevant	date about the data	you
Section 3 - how would	you like the	e data to b	e provided to yo	ou?	
Email					
Posted					
Collection from our					



Section 4 – Declaration

I certify that the information which I have provided within this form is true to the best of my knowledge. I understand that Craigdale Housing Association may require to verify my identification and may contact me to provide them with more details, in order that they may locate the information that I am seeking. I confirm that I am the data subject and I am not making this request on behalf of anyone else.

Signed:			
J			
Date:		 	



Representative Declaration (if relevant)

I confirm that I am making this request on behalf of:
ENTER NAME and have provided evidence of my identity and written authorisation to act on
the data subject's behalf.
Name:
Address:
Contact Number or Email address:
Signed:
Date:
Please email a copy of your completed form and copies of any required photos or identification to:
Craigdale Housing Association, 83/85 Dougrie Road, Castlemilk, Glasgow, G45 9NS
Or
info@craigdaleha.co.uk

Office Use Only	
Date Request Received	
Verification of ID completed	
SAR Reference	
Data Subject	
Representative (if relevant)	
Due Date	
Completed within 1 month	
Extension / Other Notes	