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# Subject Access Request Form

| **Full Name (including previous name(s))** |  |
| --- | --- |
| **Current Address & Postcode** |  |
| **Any Previous Address(es) & Postcode(s) if necessary** |  |
| **Contact Details if necessary** | Email :Telephone (daytime) : |
| **Identification**(Tick as many boxes as necessary) | □ Proof of name and signature (list A) □ Proof of address (list B) □ Power of attorney □ Signed letter of authority  |
| **Information requested** (Use additional sheet if necessary)  |  |

**Please return this completed form and proof of identity to** **data.protection@rspca.org.uk** **or marked PRIVATE AND CONFIDENTIAL to Data Protection Team, RSPCA, Parkside, Chart Way, Horsham, RH12 1GY.**