CCTV Form 3: Subject Access Request Form - CCTV

You may wish to complete this form in conjunction with the Head Porter or General Manager. Please note the College retains its CCTV footage for 30 days only.

To enable us to respond to your request promptly, please ensure that you provide us with:

- The relevant date, location and approximate time
- A description of what is happening in the footage
- A detailed description of what you were wearing/carrying at the time
- A recent full-length colour photograph of you

The completed form should be returned to cctv@murrayedwards.cam.ac.uk or Murray Edwards College, Cambridge, CB3 0DF.

Section 1

Please fill in your details. If you are not the data subject and are applying on behalf of someone else, please fill in the details of the data subject and not your own.

Title	
Surname	
First name(s)	
Name(s) you have	
previously been known	
under	
Date of birth	
Current address	
Previous address(es)	
Day time phone number	
Email address	

Please provide				
The relevant date, location and approximate time				
 A description of what is happening in the footage 				
 A detailed description of what you were wearing/carrying at the time 				
A recent full-length colour photograph of you				
I enclose the following as proof of identity:				
Birth certificate Photocard driving licence Passport				
An official letter to my address				
If none of these are available please contact Murray Edwards College for advice				

Section 2

Please complete this section if you are applying on behalf of someone else (i.e. the data subject)

Title	
Surname	
First name(s)	
Date of birth	
Current address	
Day time phone number	
Email address	

I enclose the following as proof of identity:		
Birth certificate Photocard driving licence Passport		
An official letter to my address		
If none of these are available please contact Murray Edwards College for advice.		
What is your relationship to the data subject (e.g. parent, carer, legal representative)		
I enclose the following as proof of legal authorisation to act on behalf of the data subject:		
Letter of authority Lasting or enduring power of attorney		
Evident of parental responsibility Other		

Data Subject Declaration			
certify that the information provided on this form is, to the best of my knowledge, correct, and that I am			
the person to whom it relates. I understand that Murray Edwards College is obliged to confirm proof of my			
identity/authority and it may be necessary to obtain further information in order to comply with this			
Subject Access Request.			
Name			
Signature			
Date			
OR	OR		
Authorised Person Declaration (if applicable)			
I confirm that I am legally a	I confirm that I am legally authorised to act on behalf of the data subject. I understand that Murray Edwards		
College is obliged to confirm proof of my identity/authority and it may be necessary to obtain further			
information in order to comply with this Subject Access Request.			
Name			
Signature			
Date			

Completed forms and proof of identity should be returned to cctv@murrayedwards.cam.ac.uk or The Bursar, Murray Edwards College, Cambridge, CB3 0DF.

Remember to include:

- Proof of your identity and address (or, if you are not the Data Subject: proof of the Data Subject's identity and address; and any relevant documents which give you the legal authority to make this request)
- A recent full-length colour photograph of you

Date request received	Images located	Images removed to avoid overwriting
	YES / NO	YES / NO
Photograph	Identity Checked	
YES / NO		
2 image sets created	Date images transferred	Date College copy destroyed
YES / NO		

For Office Use: