## **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 attorneyEvident of parental responsibility Other  |

|  |
| --- |
| **Data Subject Declaration**I 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 |
| **Authorised Person Declaration (if applicable)**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**

***For Office Use:***

|  |  |  |
| --- | --- | --- |
| **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** |  |  |