

**Request for rectification, erasure, restriction or objection to processing of personal data**

**Step 1**

Please complete this form to exercise your rights under the UK General Data Protection Regulation and Data Protection Act 2018. Please provide all relevant details to help us locate the information concerned, and select which of the available rights you wish to use.

**Step 2**

Please send the completed form by email to information.assurance@scotland.police.uk or by post to: Information Assurance, Police Scotland, Clyde Gateway, 2 French Street, Dalmarnock, Glasgow, G40 4EH. Or hand it in to any police station or public enquiry office.

Please provide photocopies / scans / photographs of two official documents which confirm your identity and personal details – e.g. passport, driving licence, birth certificate, utility bill, etc. **Warning – it is an offence to impersonate or attempt to impersonate another.**

**Note:** The information provided will be used for processing your request. The provision of personal information is voluntary. However if you do not provide sufficient information, we may not be able to process your request, and you may be asked to provide additional information.

Provided we have sufficient information and we are satisfied as to your identity, we will respond to your request within one calendar month as per the legislation and advise you of the outcome.

**Personal Details**

| Forename(s) | Click here to enter text. |
| --- | --- |
| Surname(s) | Click here to enter text. |
| Date of Birth | Click here to enter text. |
| House Number/Name | Click here to enter text. |
| Street | Click here to enter text. |
| Town | Click here to enter text. |

**Contact Details**

| Telephone Number/s | Click here to enter text. |
| --- | --- |
| Email Address | Click here to enter text. |

**Details of Request**

I hereby request the following in relation to any personal data concerning me that is currently held by Police Scotland:

[ ]  I wish for my personal data to be corrected / amended (right to rectification)

[ ]  I wish for my personal data to be erased (right to erasure / ‘right to be forgotten’)

[ ]  I wish to restrict the processing of my personal data (right to restriction)

[ ]  I object to the processing of my personal data (right to object)

**Details of how the right(s) indicated above should be applied to your personal data;**

Click here to enter text.

**Reason for Request;**

Click here to enter text.

**Details of any Previous Contact with Police Scotland (including reference numbers if known);**

Click here to enter text.

**Supporting Evidence Submitted (if applicable);**

Click here to enter text.

**Please send the completed form to** **information.assurance@scotland.police.uk** **or Information Assurance, Police Scotland, Clyde Gateway, 2 French Street, Dalmarnock, Glasgow, G40 4EH.**

**Official Use Only (to be completed by officer/staff member receiving this form)**

| Name | Click here to enter text. |
| --- | --- |
| PSI Number | Click here to enter text. |
| Station/Department | Click here to enter text. |

[ ]  ID with date of birth [ ]  ID with current address [ ]  Form complete and legible

Signature: enter signature

Date: enter date

**Please ensure all details are complete then scan and forward the form immediately to** **information.assurance@scotland.police.uk**