

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



## Step 1

Please complete this form to exercise your rights under the 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.pnn.police.uk](mailto:information.assurance@scotland.pnn.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.

### 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)	
Surname(s)	
Date of Birth	
<b>Address</b>	
House Number / Name	
Street	
Town	
Postcode	

**OFFICIAL**

**Contact Details**

Telephone Number/s	
Email Address	

**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 of 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 Rectification / Restrictions Requested	
Reason for Request	
Details of any Previous Contact with Police Scotland	
Supporting Evidence Submitted (if applicable)	

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

Name					
PSI Number					
Station/Department					
ID with date of birth	<input type="checkbox"/>	ID with current address	<input type="checkbox"/>	Form complete & legible	<input type="checkbox"/>
Signature				Date	

Please ensure all details are complete then scan and forward the form immediately to [information.assurance@scotland.pnn.police.uk](mailto:information.assurance@scotland.pnn.police.uk)