**Worcester Students’ Union – Data Erasure Request Form**

Please complete this form in BLOCK CAPITALS and return it to:

**Worcester Students’ Union**

**Henwick Grove**

**St John’s**

**Worcester**

**WR2 6AJ**

**Full name** (include any former names, if appropriate):

………………………………………………………………………………………………………………………

**Student ID Number** (if applicable):

………………………………………………………………………………………………………………………

**Home Address**:

………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………

**Postcode:**

………………………………………………………………………………………………………………………

**Telephone Number:**

………………………………………………………………………………………………………………………

**Email Address:**

………………………………………………………………………………………………………………………

**Details of information to be erased:**

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**Signed: Date:**

**When returning this form, please provide evidence of your identity as the Data Subject, or documentation that confirms your entitlement to act on the Data Subject’s behalf.**

Please note, whilst you have the right to request data erasure, this request may be declined by Worcester Students’ Union if deemed appropriate.

**FOR OFFICIAL USE ONLY**

Enquiry Number:

………………………………………………………………………………………………………………………

Date Received:

………………………………………………………………………………………………………………………

Date to Respond By:

………………………………………………………………………………………………………………………

Date Responded:

………………………………………………………………………………………………………………………