

## Data Subject Request Form

According to the Legal Framework for the Protection of Personal Data, you have the right to know which of your personal data we hold and process, as well as the right to request the rectification of your data. Under the conditions laid down by law, you also have the right to request erasure, restriction of processing and to oppose automated processing. You may exercise these rights in writing at any time.

However, in order to make it easier for you to submit a complete request, which will allow us to respond in a timely manner, we advise you to use [this form](#). Our response will be addressed to you or to a third party, you may authorize to act on your behalf. You will need to provide us with proof of your identity. We will process your request within 30 calendar days of receipt of the completed form and proof of your identity.

**Proof of Identity:** You need to give us proof of your identity so that we can share your personal information with you. Proof of your identity must include a copy of an identification document, i.e. personal ID, passport, student ID and a document certifying your address, i.e. a recent utility bill. If you submit the request on behalf of the data subject, you will need to provide us with proof of identity of the data subject and proof of the right to act on his/her behalf.

**Management fee:** Information and copies of personal identifiable data are provided free of charge. If the data subject requests additional copies of his/her personal data subject to processing or if the data subject's request is unsubstantiated or excessive, especially because of its recurring nature, the University reserves the right to refuse to act upon request or request a reasonable management fee, which will be determined on a case-by-case basis.

Please do not use this form to obtain general information or to make any other requests.
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## 1. Data Subject Information

Name:

.....

Surname:.....

Date of Birth:.....

Address: .....

.....Number:.....

Town/Area: .....Postal Code:.....

County:.....Country:.....

Email:.....

Phone number:.....

## 2. I enclose the following as proof of my identity (mark with X)

I.D ..... ☐

Students ID ..... ☐

Passport ..... ☐

Residence Permit ..... ☐

Other ..... ☐

.....

## 3. I enclose the following recent documents as proof of my address (mark with X)

Utility Bill ..... ☐

Telephone Bill ..... ☐

Certificate of address from

tax authorities ..... ☐

Other ..... ☐

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## 4. Relationship with the University

Please complete your relationship with the University (i.e. employee, student, supplier, partner, etc.):

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## 5. I want to: (mark with X) (for more information on your rights please read the University Data Protection Policy)

Know if my personal data is being processed. .... ☐

Gain access to my personal data, which you process, as well as to specific information regarding this processing. .... ☐

Ask for rectification of my personal data. ....

Ask for erasure of my personal data . ....

Ask for the restriction of processing of my personal data. ....

Ask for portability of my personal data. ....

To object to the processing of my personal data. ....

I ask for human intervention, to express an opinion or to challenge  
decision based on automated processing. ....

Please provide us with additional information about your request:

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Please provide us with any information you know that will help us identify your data and  
handle your request. In particular, note relevant dates and documents you may have as  
well as personal information with which you have contacted:

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## 6. Representative Details

(If you submit the request on behalf of the data subject, please fill in the details of the  
following sections 6, 7, 8.)

Name: .....

Surname: .....

Date of Birth: .....

Address: .....

.....Number: .....

Town/Area: .....Postal Code: .....

County: .....Country: .....

Email: .....

Phone number: .....

What is your relationship with the data subject? (i.e. parent, legal representative, power of  
attorney) .....

**7. I enclose the following as proof of my identity (mark with X)**

I.D .....  
 Passport .....  
 Residence Permit .....  
 Other .....

**8. I enclose the following original or certified copies as proof of my legal authority to act on behalf of the data subject.: (mark with X)**

Authorization .....  
 Power of Attorney .....  
 Judgment/Court Order .....  
 Certificate .....  
 Other .....

**9. I wish to receive the information: (mark with X)**

In electronic form.

(Some files may be too large to be sent electronically and may need to be provided in CD format)

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By post.

(Please note that if you wish to receive the information by post, we will make sure that we have entered the recipient's address correctly. However, we cannot take responsibility if the information is lost in the mail or delivered incorrectly or opened by someone else in your home. Loss or incorrect delivery may cause you embarrassment or damage if the information is "sensitive.") .....

To see the information in person (without receiving a copy)

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To receive the information in person

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**Data Subject Declaration**

I declare at my own risk that the information I provide to the University is accurate and true. I understand that the processing of the documents that prove my identity and my residence is necessary to examine my request. Therefore, I accept the above processing and I agree to provide additional information to the University, as long as these are necessary for the examination and processing of my application.

Name:

.....

Surname:.....

Date .....Signature.....

**Declaration of Representative (if applicable)**

I declare responsibly that the information I provide to the University is accurate and true and concerns the data subject. I also responsibly declare that I am acting legally on behalf of the data subject. I understand that the processing of the documents that prove my identity and my residence is necessary to examine my request. Therefore, I accept the above processing and I agree to provide additional information to the University, as long as they are necessary for the examination and processing of this request.

Name:

.....

Surname:.....

Date .....Signature.....

**Please send the completed form and proof of identity to the following information:**

By post to the address,

C/o Data Protection Officer, off.118,  
Neapolis University Pafos,  
2, Danaes Avenue, 8042, Pafos, Cyprus

Via email to: [dpo.nup@nup.ac.cy](mailto:dpo.nup@nup.ac.cy)