

## Data Amendment Request Form

<b>Academy Name</b>	
<b>Student's Details</b>	
Name	
Date of Birth	
Current Address	
Current Class	
<b>Person Requesting Data Amendment</b>	
Name	
Relationship to the Student	
Address	
Telephone Number	
Do you have parental responsibility?	
<b>Your Request</b>	
What data/which records do you wish to have amended?	
What amendment do you want? Do you want the data to be updated, amended or deleted?	
Why do you want these changes made?	

Please sign this request ...

Signed \_\_\_\_\_ Date \_\_\_\_\_

Once completed, please hand this form to the Academy Office, who will ensure that it is passed to the correct person. You will be issued with a receipt for it. We are required to respond to your request within one calendar month of receipt of this form.

NB: Should your request be accepted we would not normally make a charge. However, we reserve the legal right to do so if your request is vexatious, excessive or unfounded.