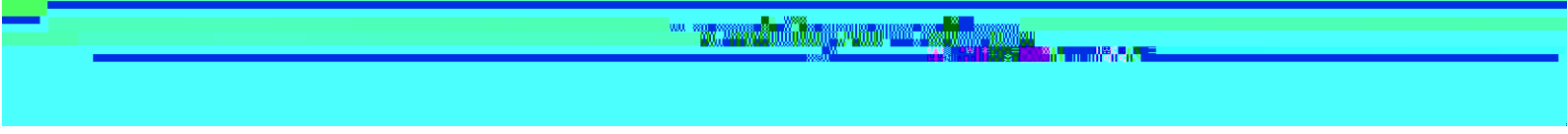
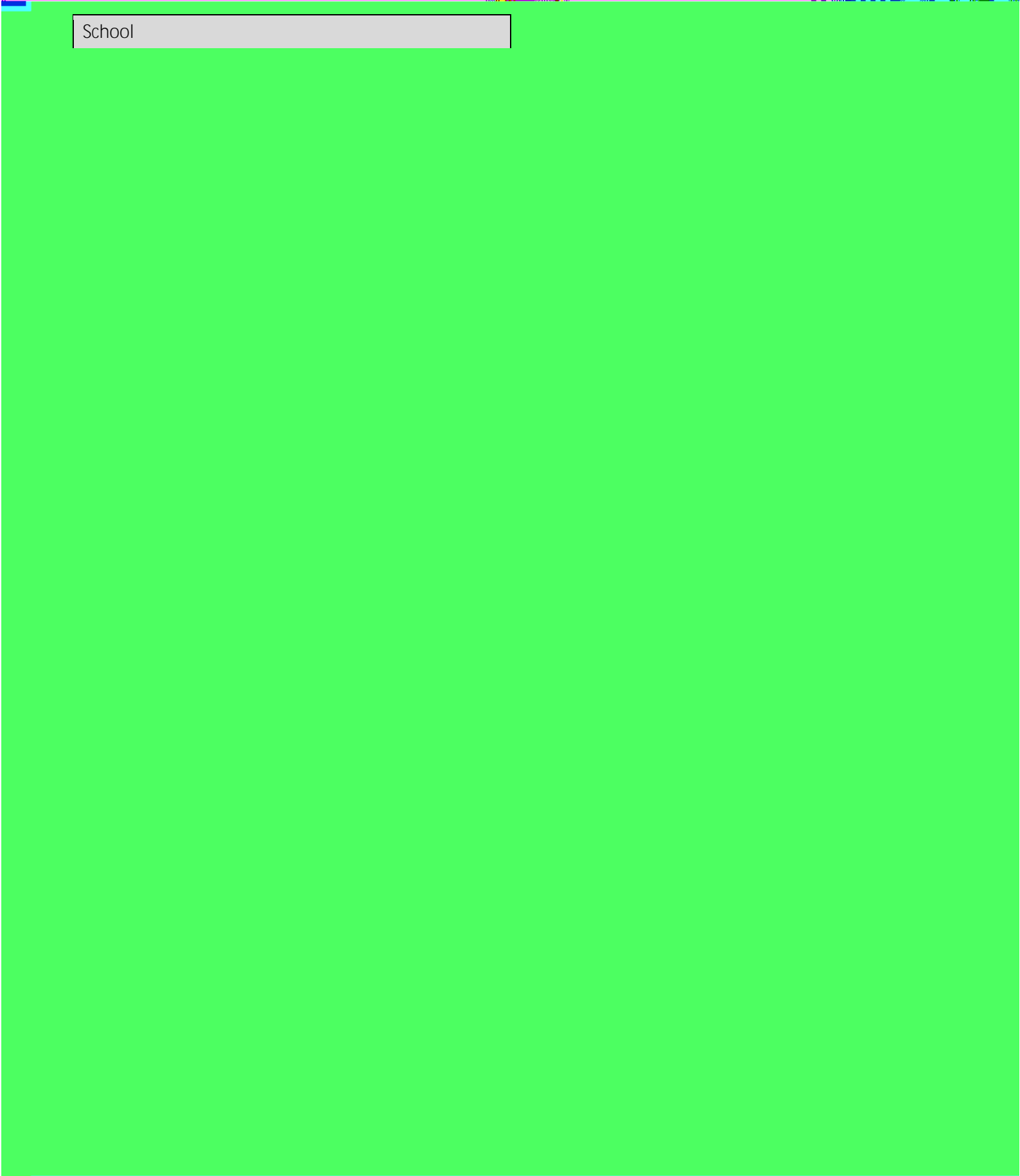


Subject Access Request Form  
Wade Deacon Trust



School



Please provide proof of identity  
(Please present your ID to the School in person)

Identification Type	ID Ref No.

Please provide proof of

## Section 4 tOther Information

Additional notes

## Section 5 tDeclaration

Warning: a person who unlawfully obtains or attempts to obtain data is guilty of a criminal offence and is liable to prosecution.

Data Subject Declaration

I certify that the information provided on this form is correct to the best of my knowledge and that I am the person to whom it relates. I understand that Wade Deacon Trust is obliged to confirm proof of identity/authority and it may be necessary to obtain further information in order to comply with this subject access request.

Name

Date

Signature