



KABARAK UNIVERSITY

Request for Access to Personal Data

Note:

- i) All fields marked as * are mandatory
- ii) Documentary evidence in support of this request may be required
- iii) Where the space provided for in this Form is inadequate, submit information as an annexure

DETAILS OF THE DATA SUBJECT

Name: * Phone Number: *

Identity Number: * E-mail Address: *

Provide the following details, where making a request on behalf of a minor or a person who has no capacity

Name: * Relationship to Data Subject: *

Phone Number: * E-mail Address: *

DETAILS OF THE PERSONAL DATA REQUESTED

MODE OF ACCESS

I would like to: (check all that apply)

Inspect the record: ☐ Listen to the record: ☐

Avail the record to me in the following format:

Photocopy: ☐ (Please note that copying costs will apply) Number of copies required:

Electronic: ☐ Transcript: ☐ (Please note that transcription charges may apply)

Other (Specify):

DELIVERY METHOD

Collection in Person ☐

By Email (provide address where different to details provided above *):

By Mail (provide address *). Town/City:

DECLARATION NOTE: (Any attempt to access personal data through misrepresentation may result in prosecution)

I certify that the information given in this application is true.

Signature: Date: