REQUEST FORM FOR ACCESS TO DATA BY THE INTERESTED PARTY

You have the right to request access to your personal data that we might have stored. This procedure is known as the Data Access Request by the Data Subject. A data subject is a person who is the subject of personal data. If you wish to send a Data Access Request from the Data Subject, fill out this form and send it to us by post or e-mail.

Please use the following address, for sending the request by paper mail:

**Global Campus of Human Rights
Monastero di San Nicolò – Riviera San Nicolò, 26 – 30126 Venezia Lido (Italia)
Italia**

In case of sending the request by e-mail, please use the email address of the person in charge of managing data protection issues:
privacy@gchumanrights.org.
Write **"Request for Access to Data by the Data Subject"** in the subject field of the email.

1. Full name of the interested party	2. Date of birth of the interested party
3. Current address of the interested party	
4. Telephone number of the interested party	
Home telephone number:	Cell phone number:

Monastery of San Nicolò
Riviera San Nicolò, 26
I-30126 Venice Lido, VE

P +39 041 2720 911
F +39 041 2720 914
info@gchumanrights.org

c.f. 94054110278
p.iva 03493180271

www.gchumanrights.org

5. Information relating to the requested data:

6. To help us find the requested information, please let us know the requested data with as much detail as possible (for example, copies of emails in the period between <date> and <data>). If we do not receive sufficient information to individuate the requested data, we may not be able to fulfill your request.

7. Should the information be sent to the interested party or to his/her representative?

To the interested party ☐   To the representative ☐

**If the data should be sent to a representative, complete sections 9 and 10.
Indicate the email address for the reply / communication (block letters):**

_____

8. I confirm that I am the interested party.

Signature: _____

Name and surname in block letters:

_____

Date: _____

I enclose a copy of my valid identity document and documents proving my address.

9. (To be completed if question 7 is answered by "To the representative") The interested party (whose data is requested) must provide written authorization for the information to be made available to his/her authorized representative.

I hereby authorize _____ (fill in with the name of the authorized representative) to request access to my personal data.

Signature of the interested
party:_____

Name in block letters:

_____

10. (To be completed by the representative of the interested party) I confirm that I am the authorized representative of the interested party.

Name of the authorized representative and address to which personal data should be sent :

_____

_____

Signature:

_____

Name in block letters:

_____

Signature:

_____

We will make every effort to process the data subject's access request as quickly as possible within 30 calendar days. However, if you have any questions during the request processing period, please do not hesitate to contact us at the following email address: privacy@gchumanrights.org

Monastery of San Nicolò
Riviera San Nicolò, 26
I-30126 Venice Lido, VE

P +39 041 2720 911
F +39 041 2720 914
info@gchumanrights.org

c.f. 94054110278
p.iva 03493180271

www.gchumanrights.org