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### Data Subject Correction Request Form

Article 16 of the EU General Data Protection Regulation (Regulation (EU) 2016/679) (**GDPR**) grants you the right to correct your personal data held by the London School of Hygiene & Tropical Medicine (**LSHTM**), including the right to obtain confirmation that we process your personal data, receive certain information about the processing of your personal data, and obtain a copy of the personal data we process. We require that you submit this request electronically via email to [dpo@lshtm.ac.uk](mailto:dpo@lshtm.ac.uk). We will then seek to authenticate your identity.

We expect to respond to your request within one month of receipt of a fully completed form and proof of identity.

For more information on your rights under the **GDPR**, see **LSHTM's** Privacy Notice available at: <https://www.lshtm.ac.uk/aboutus/organisation/data-protection/privacy-notices>.

#### I. Requester Name (Data Subject) and Contact Information

**Please provide the data subject's information in the space provided below. If you are making this request on the data subject's behalf, you should provide your name and contact information in Section III.**

We will only use the information you provide on this form to identify you and the personal data you are requesting corrections to, and to respond to your request.

<b>First and last name:</b>	
<b>Any other names that you have been known by (including nicknames):</b>	
<b>Home address:</b>	
<b>Date of birth:</b>	
<b>Telephone number:</b>	
<b>E-mail address:</b>	
<b>If you are a current or former employee of LSHTM, please provide your employee identification number and your approximate dates of employment:</b>	

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## II. Proof of Data Subject's Identity

We require proof of your identity before we can respond to your correction request. To help us establish your identity, you must provide identification that clearly shows your name, date of birth, and current address. We accept a photocopy or a scanned image of one of the following as proof of identity: current LSHTM photo ID, passport or photo identification such as a driver's license, national identification number card, or birth or adoption certificate. If you have changed your name, please provide the relevant documents evidencing the change.

If you do not have any of these forms of identification available, please contact the Data Protection Office on [dpo@lshtm.ac.uk](mailto:dpo@lshtm.ac.uk) for advice on other acceptable forms of identification.

We may request additional information from you to help confirm your identity and your right to correction. We reserve the right to refuse to act on your request if we are unable to identify you.

## III. Requests Made on a Data Subject's Behalf

Please complete this section of the form with your name and contact details if you are acting on the data subject's behalf.

<b>First and last name:</b>	
<b>Home address:</b>	
<b>Date of birth:</b>	
<b>Telephone number:</b>	
<b>E-mail address:</b>	

We accept a photocopy or a scanned image of one of the following as proof of your identity: passport or photo identification such as a driver's license, national identification number card, or birth or adoption certificate. If you do not have any of these forms of identification available, please contact the Data Protection Office on [dpo@lshtm.ac.uk](mailto:dpo@lshtm.ac.uk) for advice on other acceptable forms of identification. We may request additional information from you to help confirm your identity if necessary.

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We also require proof of the data subject's identity before we can respond to the request. To help us establish the data subject's identity, you must provide identification that clearly shows the data subject's name, date of birth, and current address. We accept a photocopy or a scanned image of one of the following as proof of identity: passport or photo identification such as a driver's license, national identification number card, or birth or adoption certificate. If the data subject's name has changed, please provide the relevant documents evidencing the change.

We accept a copy of the following as proof of your legal authority to act on the data subject's behalf: a written consent signed by the data subject, or a certified copy of a Power of Attorney.

We may request additional information from you to help confirm your or the data subject's identity. We reserve the right to refuse to act on your request if we are unable to identify the data subject or verify your legal authority to act on the data subject's behalf.

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#### IV. **Corrections Requested**

To help us process your request quickly and efficiently, please provide as much detail as possible about the personal data you would like us to correct. Please include time frames, dates, names, types of documents, file numbers, or any other information to help us locate your personal data. Your request should specify the data that is incorrect or incomplete, and include a supplementary statement you would like us to record if necessary.

We will contact you for additional information if the scope of your request is unclear or does not provide sufficient information for us to locate the relevant personal data. We will begin processing your correction request as soon as we have verified your identity and have all of the information we need to locate the relevant personal data.

We will communicate the correction of the personal data to each recipient to whom we disclosed the personal data (for example, our third party service providers who process the data on our behalf), unless this is impossible or involves disproportionate effort. We will also inform you about those recipients if you request it.

Applicable law may allow or require us to refuse to correct your personal data, or we may have destroyed, erased, or made your personal data anonymous in accordance with our record retention obligations and practices. If we cannot correct your personal data, we will inform you of the reasons why, subject to any legal or regulatory restrictions.

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#### V. **Signature and Acknowledgement**

I, \_\_\_\_\_, confirm that the information provided on this form is correct and that I am the person whose name appears on this form. I understand that: (1) **LSHTM** must confirm proof of identity and may

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need to contact me again for further information; and (2) my request will not be valid until **LSHTM** receives all of the required information to process the request; and (3) I am entitled to one free copy of the personal data I have requested, and acknowledge that for any further copies I request, **LSHTM** may charge a reasonable fee based on administrative costs.

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Signature

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Date

VI. **Authorized Person Signature**

I, \_\_\_\_\_, confirm that I am authorized to act on behalf of the data subject. I understand that **LSHTM** must confirm my identity and my legal authority to act on the data subject's behalf, and may need to request additional verifying information.

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Signature

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Date