

Data Subject Processing Restriction Request Form

Article 18 of the EU General Data Protection Regulation (Regulation (EU) 2016/679) (**GDPR**) grants you the right to restrict certain personal data processing by the London School of Hygiene & Tropical Medicine (LSHTM) subject to limited exceptions. We require that you submit this request via email to dpo@lshtm.ac.uk. We will then seek to authenticate your identity.

For information on whether **LSHTM** processes your personal data for the above purposes and to learn about your rights under the **GDPR**, see LSHTM's Privacy Notice available at: <https://www.lshtm.ac.uk/aboutus/organisation/data-protection/privacy-notices>

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

I. Requestor 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 associated with your processing restriction request, and to respond to your request.

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

II. Proof of Data Subject's Identity

We require proof of your identity before we can respond to your processing restriction 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 for advice on other acceptable forms of identification.

We may request additional information from you to help confirm your identity and your right to restrict processing. 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.

First and last name:	
Home address:	
Date of birth:	
Telephone number:	
Email address:	

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 for advice on other acceptable forms of identification. We may request additional information from you to help confirm your identity if necessary.

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.

IV. Request to Restrict Personal Data Processing

Under Article 18, you have the right to request that we restrict the processing of your personal data, subject to certain limited exceptions, when:

- You contest the accuracy of the personal data we process about you. We must restrict processing the contested data until we can verify the accuracy of your personal data.
- We are unlawfully processing your personal data.
- We no longer need to process your personal data but you need the personal data for the establishment, exercise, or defence of legal claims.
- You are objecting under Article 21(1) for processing that we:
 - consider necessary to perform a task in the public interest under **GDPR** Article 6(1)(e); or
 - consider necessary for LSHTM's or a third party's legitimate interests under **GDPR** Article 6(1)(f).

If you object to processing that we perform under Articles 6(1)(e) or 6(1)(f), we will restrict the challenged processing activity pending verification of whether the [ORGANIZATION]'s or third party's legitimate interests override your interests.

To help us process your request quickly and efficiently, please provide as much detail about the personal data you are requesting us to restrict the processing of and the above ground or grounds you are relying on for your processing restriction request:

We will contact you for additional information if the scope of your request is unclear or does not provide sufficient information for us to conduct a search (for example, if you request a processing restriction for "all information about me"). We will begin processing your restriction request as soon as we have verified your identity and have all of the information we need to locate your personal data.

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

V. Signature and Acknowledgment

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 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.

Signature

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.

Signature

Date