



Data Subject Request Form

Data Subject's Information (i.e. whose data the request is about):

Name:	ID number:
Telephone number:	Date of Birth:

What best describes the Data Subject's relation to the Cyprus Institute of Neurology and Genetics?

Patient	<input type="checkbox"/>	Employee	<input type="checkbox"/>
Student	<input type="checkbox"/>	Past employee	<input type="checkbox"/>
Supplier	<input type="checkbox"/>	Collaborator	<input type="checkbox"/>
Other (Please specify)			

Requestor's Information (In case that the requestor is other than the Data Subject.)

Name:
Date of Birth:
ID/Passport number:

In case that the requestor is other than the Data Subject, please indicate with a tick (✓) whether you are the holder of parental responsibility or indicate the type of written form of authorization by the Data Subject you provide:

Holder of Parental Responsibility	<input type="checkbox"/>
Signed Authorization by the Data Subject	<input type="checkbox"/>
Power of Attorney	<input type="checkbox"/>

Please tick (✓) the type of document you present CING with as a proof of identification of the requestor:

ID	<input type="checkbox"/>
Passport	<input type="checkbox"/>
Driver's License	<input type="checkbox"/>

Signature of the Requestor

Date

Type of Request Form:

(Please mark with X the right to wish to exercise. If you require any additional information, please read the Institute’s Data Privacy policy found at www.cing.ac.cy)

Right to be informed: (Information on the processing the Data Subject’s personal data undergoes)	<input type="checkbox"/>	Right to access (Copy of the Data Subject’s personal data)	<input type="checkbox"/>
Right to rectification: (Update/correct the Data Subject’s personal data)	<input type="checkbox"/>	Request for erasure/Right to be forgotten: (Deletion of the Data Subject’s personal data)	<input type="checkbox"/>
Right to restrict processing: (Restriction of processing of the Data Subject’s personal data)	<input type="checkbox"/>	Right to portability: (Transfer of the Data Subject’s personal data to another organization)	<input type="checkbox"/>
Objection (Objection to data processing/ withdrawal of previously given consent)	<input type="checkbox"/>		

Description of request.

Signature

Date
