



## **Sample DSAR Form**

### **Data Subject Access Request (DSAR) Form**

#### **Instructions:**

Please complete this form if you are requesting access to your personal data held by [Organization Name]. We may need to contact you for further information to verify your identity and locate your data. You will receive a response within [time frame, e.g., one month] as required by law.

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#### **1. Personal Information**

- Full Name: \_\_\_\_\_
  - Address: \_\_\_\_\_
  - Phone Number: \_\_\_\_\_
  - Email Address: \_\_\_\_\_
  - Other Identifying Information (if applicable):  
\_\_\_\_\_
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#### **2. Details of Request**

- Type of Request (select one or more):
    - ☐ Access to personal data
    - ☐ Rectification of inaccurate data
    - ☐ Erasure of personal data
    - ☐ Restriction of processing
    - ☐ Objection to processing
    - ☐ Data portability (transfer data to another controller)
  - Description of Request:  
(Please describe in detail the data you are requesting access to or the actions you want taken on your data)
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### 3. Verification of Identity

**Please attach a copy of a valid ID (e.g., driver's license, passport) to help us verify your identity.**

- **Attached Document:**

☐ **Yes**

☐ **No**

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### 4. Preferred Method of Response

- How would you like to receive your data?

☐ ☐ Electronically (via email)

☐ ☐ Hard copy (by mail)

☐ ☐ Other: \_\_\_\_\_

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### 5. Additional Information

(If you have specific requirements or need to provide additional information, please do so here)

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Submit the completed form via [email address/postal address] or in person at [physical location].