



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.

1. Personal Information

- Full Name: _____
- Address: _____
- Phone Number: _____
- Email Address: _____
- Other Identifying Information (if applicable):

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)



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

4. Preferred Method of Response

- How would you like to receive your data?
 - Electronically (via email)
 - Hard copy (by mail)
 - Other: _____

5. Additional Information

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

Signature: _____

Date: _____

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