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| You have the right to request for personal data we may hold about you. This is known as a Data Subject Access Request (DSAR). A data subject is an individual who is the subject of the personal data. If you wish to make a DSAR, please complete this form and return to us by post or email.  Please note that you will be invited to identify yourself in person or through a representative for whom you need to complete this form and notarize it. After your identification, you will be able to receive the requested information from us. | |
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| If sending by post, please use the following address:  **Data Protection Officer**  MEDICAL UNIVERSITY - SOFIA  15 Akad. Ivan Geshov blvd., 1431 Sofia, Bulgaria | |
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| If sending by Email, please use the following address: [dpo@mu-sofia.bg](mailto:dpo@mu-sofia.bg). Please write "Data Subject Access Request" in the subject field of the email | |
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| **1. Data Subject’s Full Name** | **2. Data Subject’s Date of Birth** |
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| **3. Data Subject’s Current Address** | |
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| **4. Data Subject’s Telephone Number** | |
| Home Telephone No: | Mobile Telephone No: |
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| **5. Details of data requested:** | |
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| **6. To help us search for the information you require, please let us know the data you require with as much detail as possible (e.g. copies of emails between <date> and <date>). If we do not receive sufficient information to locate the data you require, we may be unable to comply with your request.** | |
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| **7. The information will be sent to:** | |
| The data subject ☐ Representative ☐  If the data is sent to the representative, then sections 9 and 10 need to be filled out. | |
| **8. I confirm that I am the Data Subject.** | |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I am informed that information will be given to me only after my identification on place with an ID card. I am informed that during the inspection a copy of my ID card will not be made / stored by MU-SOFIA. | |
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| **9. (To be filled out if the question 7 is answered with “To the representative”). The Data Subject (whose data is being requested) must give notarized written authorization for the information to be released to his/her authorized representative.** | |
| I hereby give my authorization to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /Name/  to request access to my personal data.  Data subject signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Data subject name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| **10. (To be filled out by the representative of the data subject) I confirm that I am the authorized representative of the Data Subject.** | |
| Name of authorized representative and address where personal data is to be sent:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| We will make every effort to process your data subject access request as quickly as possible within 30 calendar days. However, if you have any queries whilst your request is being processed, please do not hesitate to contact us at this email address: [dpo@mu-sofia.bg](mailto:dpo@mu-sofia.bg) or by post: Data Protection Officer, MEDICAL UNIVERSITY – SOFIA, 15 Akad. Ivan Geshov blvd., 1431 Sofia, Bulgaria. | |
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