

Hartwick College Personal Data Request Form

INFORMATION ACCESS, AMENDMENT, AND OTHER RIGHTS

As stated in Hartwick College's Privacy Notice, you may have the right to access personal data that we store and process about you, and to request correction of that information if it is inaccurate. If the GDPR applies, you may also have the right to request deletion of certain personal data; ask that we restrict our use of the data; or object to automated decision-making using your data. Access includes, where applicable, the ability to download your personal data in a commonly-used format. Please note we may not be able to grant your request in all circumstances, including when it would adversely affect the rights and freedoms of others or when in violation of federal, state, or local law.

Please complete the following form and return it via email to Compliance@Hartwick.edu with a subject line of GDPR Data Request. Requests from third-parties will not be accepted. You will be notified within 30 days of whether your request has been accepted.

Name: _____

Date of birth (MM/DD/YEAR): _____

Year of graduation (anticipated or actual) if applicable: _____

Student or Employee ID (N#), if applicable: _____

Email address: _____

PERSONAL DATA AT ISSUE AND THE ACTION YOU WISH US TO TAKE

Please describe the personal data at issue, and what you would like to do (e.g., make correction, grant you access to your information, delete certain information).

SUPPORTING DOCUMENTATION (IF APPLICABLE)

If you would like to amend, delete, or restrict our use of your personal data, please attach documentation supporting your contention that the personal data is inaccurate or otherwise describe the basis for your request:

PERSONS TO WHOM PERSONAL DATA SHOULD BE RELEASED

Please identify the person to whom the personal data should be released and fill in the contact details below. You may list yourself if you want to receive the data.

Name: _____

Address: _____

Email address: _____

Phone number: _____

Fax number: _____

SIGNATURE

I confirm that I am the individual described above and that the information provided on this form is true and correct, to the best of my knowledge.

Printed Name: _____

Signature: _____ Date: _____

NOTARY ACKNOWLEDGMENT

(Notarizing officers at any U.S. Embassy or Consulate abroad can provide a similar service.)

THE STATE OF _____

COUNTY OF _____

On the _____ day of _____ in the year _____, _____ personally appeared before me and is personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public Signature

Notary Public Printed Name

My commission expires: _____