



Data Subject Access Request

Your Full Name:

Name of Data Subject (if different from your name):

Other name by which you have been known (if applicable):

Current home/mailling address:

Current email address:

University of Maine email address (if any):

1) Please indicate your affiliation with the University of Maine:

Select one: Currently affiliated Formerly affiliated Unaffiliated/Unknown
Select one or more: Applicant Undergraduate Student Graduate Student
a Faculty Staff Other (please indicate: _____)

2) Please provide your current/former University of Maine ID # (if any):

3) Are you a citizen of a European Union (EU) Member State? Yes No
If yes, please list the Member State:

4) Are you currently located in an EU Member State? Yes No
If yes, list the Member State and your current address:

5) Have you lived in an EU Member State since 2016? Yes No
If yes, list the Member State(s), address(es), and date(s) lived in the location:

6) Please indicate the purpose of your request:

I would like information about processing of my data
I would like to object to processing of my data
I would like to have access/copies of my data
I would like to have my data corrected
I would like to have my data deleted

7) Please provide any details about the nature and purpose of your request, including the specific data relating to your request, the corrections to be made, the objections/restrictions to processing, and attach any documents that may be useful (*NOTE: your rights under the GDPR are not absolute and may be subject to limitations*):

8) Please provide a description of the offices, departments, databases, and/or systems that you believe may have/hold the data relating to your request and the dates or periods of time when you believe the University received data or engaged in processing:

9) In order to protect your personal information, the University must authenticate your identity by receiving proof of identity. Please attach a copy of a current utility bill (phone, electric, internet, water, etc.) from the address where you are currently located (please ensure the bill includes your name and current address). The information of the bill will not be processed and will be erased from all University systems within one month of your request. Depending on the nature and scope of your request, additional proof of identity may be required. If you are submitting this request on behalf of a Data Subject who has granted you specific legal authority to act on his/her behalf, please provide a copy of the authorization from the Data Subject (Power of Attorney, court document, etc.) Please contact the University of Maine System Office of General Counsel at +1-207-621-3441 if you need to discuss alternative proof of identity arrangements.

By signing below, you represent and warrant that you are the Data Subject named on this form or have specific legal authority to act on behalf of the Data Subject and that information provided herein is true and correct to the best of your knowledge. Furthermore, you hereby authorize and request the University of Maine System to respond to the request as set forth above.

Name: _____

Signature: _____

Date: _____

**Please print and sign this form. Send a signed copy of this form to:
The Office of General Counsel
University of Maine System
46 University Drive
Augusta, Maine 04330**

**Or email a scanned copy of the printed form to:
privacy-request@maine.edu, Subject Line: "GDPR Subject Access Request Form"**