

REQUEST FOR IMPLEMENTATION OF RIGHTS

Each of the rights listed below maybe exercised by submitting this request form in person or through a representative, or through email, address to dpo@sjc.edu

In Person

Representative

(SPA shall be enclosed)

SUBJECT'S DATA:

NAME:

DATE OF BIRTH:

ADDRESS:

CONTACT NUMBER:

EMAIL:

WITH REGARD TO:

Right to access

Right to rectification

Right to erasure

Right to restriction of processing

Right to object

Right to data portability

DESCRIPTION OF REQUEST:

PREFERRED MEANS FOR FEEDBACK ON REQUEST:

In writing to the given address

In writing thru email

Other

DATE:

SIGNATURE: