Request access to your personal information

Privacy and Personal Information Protection Act 1989 (NSW) / Health Records and Information Privacy Act 2002 (NSW)

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| UTS PRIVACY OFFICER, Governance Support Unit — telephone +61 2 9514 1245, email [privacy@uts.edu.au](mailto:privacy@uts.edu.au) |

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| **HOW TO REQUEST ACCESS TO YOUR PERSONAL INFORMATION**: An individual is able to [request access to their personal information](http://www.uts.edu.au/about-uts/uts-governance/privacy/your-privacy-uts/accessing-your-information). To request access, you should first contact the UTS business unit that holds your information.  **WHEN TO USE THIS FORM**: If you do not know which area to contact to access your information, or your request has been denied, you may request access by completing this form, or providing the same details in writing to the Privacy Officer.  **HOW PERSONAL INFORMATION COLLECTED ON THIS FORM WILL BE USED**: Personal information provided on this form will be used to liaise with you and relevant business units to locate the information requested and facilitate access, and will not be used or disclosed unless necessary for that purpose. Documentation relating to access requests will be retained to satisfy minimum retention requirements under the State Records Act 1998 (NSW).  **HOW TO LODGE THIS FORM**: Send your completed form and any supporting documents to: | | |
| **By post**: UTS Privacy Officer Governance Support Unit University of Technology Sydney PO Box 123 Broadway NSW 2007 | **In person**: UTS Privacy Officer Governance Support Unit Level 26, Building 1 University of Technology Sydney 15 Broadway, Ultimo NSW 2007 | **By email**: [privacy@uts.edu.au](mailto:privacy@uts.edu.au)  Where a request is lodged by email it will be expected that you are happy to received return communication by email. |

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| Applicant’s details | | | |
| Applicant’s full name |  | | |
| Student number (if applicable) |  | Staff number (if applicable) |  |
| Contact details | Postal address: | | |
| Phone: | | |
| Email address (optional): | | |
| Proof of Identity  Note: to protect privacy, access to personal information will **not** be provided without proof of your identity. | Please attach a **certified** copy of **one** of the following documents:  Current Australian driver’s licence or Proof of Age card, or  Current Australian passport, or  Other proof of signature and current address details | | |
| Signature |  | | Date: |

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| APPLICANT’S ACCESS request | |
| Describe the information being requested (further details can be attached) |  |
| Have you already requested access to this information? | Yes  No |
| If yes, specify who you made the request to: |
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