



## Right to Erasure Request Form

You may request the deletion of your personal data that we collect, store or process. We will respond promptly to your request and in any event within one month of the latest of the following:

- Our receipt of your written request; or
- Our receipt of any further information we may ask you to provide us to enable us to comply with your request.

The information you supply in this form will only be used for the purpose of identifying the personal data for which you are requesting deletion and responding to your request.

### Details of the person requesting erasure:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

### Details of the data subject (if different from the requestor above):

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Are you the data subject?

Yes, I am the data subject. I enclose verification of my identity (see below).

No, I am acting on behalf of the data subject. I have enclosed proof of the data subject's and my identity and an original letter of authority (dated within the last 3 months), or a certified copy of any legal document giving me authority to act on the data subject's behalf (i.e. power of attorney).



## Verification of your identity and address:

To prevent fraudulent removal requests and to ensure we are releasing data to the right person we need to verify your identity and address. Please supply us with a photocopy or scanned image (do not send originals) of one of both of the following:

1. Proof of identity – passport, photo driving license, birth certificate.
2. Proof of Address – utility bill, bank statement, credit card statement (no more than 3 months old)

You may obscure any parts of the document with identification or account numbers as long as the remaining information identifies you. You also may obscure any photograph in the identification document, unless you are asking for the removal of your photograph. We will use this information solely to help us assess and document the authenticity of your request.

## On what basis are you requesting removal of your personal data?

The right to erasure is not absolute and only applies in certain circumstances. Please check the box next to the reason why you are requesting the erasure.

- The personal data is no longer necessary for the purpose which you originally collected or processed it for
- I am withdrawing consent
- I object to the processing and The Taft School has no overriding legitimate interest in the data
- The Taft School collected the data unlawfully
- The data must be erased to comply with a legal obligation

## Description of Request:

## Declaration

I certify that the information I have supplied in this form is true and correct. I understand that The Taft School may need to contact me for more information to confirm my/data subject's identity and to respond to my request.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



# The Taft School

**Documents which must accompany this application:**

- Evidence of your identity
- Evidence of your data subject's identity (if different from above)
- Authorization from the data subject to act on their behalf, if applicable.

**Please return the completed form and enclosures to:**

Tom Chestna, Director of IT  
The Taft School  
110 Woodbury Road  
Watertown, CT 06795  
Email: [privacy@taftschool.org](mailto:privacy@taftschool.org)  
Phone: 860-945-7989

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**For Internal Use Only:**

Date Received: \_\_\_\_\_  
Identity verified: \_\_\_\_\_  
Acknowledgement Sent to Requestor: \_\_\_\_\_  
30 day deadline: \_\_\_\_\_  
Action Taken: \_\_\_\_\_  
Notification to Requestor of Resolution: \_\_\_\_\_

*Form last updated on 5/26/2022*