**Personal Data Request Form – Law Enforcement Purposes**

To be used by Law Enforcement agencies only (‘competent authorities’, as set out in Schedule 7 of the Data Protection Act 2018). Once complete, please send to [securitydutymanager@mmu.ac.uk](mailto:securitydutymanager@mmu.ac.uk) from a verifiable agency email address. You should ensure that the form is adequately protected, by using a secure means of transmission such as encryption.

We ask that you provide as much information as possible to help us to assess your request for compliance with the UK Data Protection Legislation, and to ensure that only relevant and justifiable data is provided.

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| **Part 1 – Information request** | |
| Name of organisation: | *[Please insert details e.g. “Greater Manchester Police”, etc.]* |
| The name or description of data subjects, and personal data required.  Please include key identifier data which may help us to locate relevant information : | *[Please provide as much information as possible to enable us to locate the requested information. Name, DoB, last known address of individuals of interest, and a detailed description of the data you require. Please include attachments if applicable. If your request includes a request for CCTV – please specify date, time, location and a description of what the footage captures e.g. vehicle details, registration number, make / model, colour, etc.]* |
| Nature and purpose of the request: | *[Please explain in as much detail as possible, why the information is required and the consequences of not receiving the information].* |
| Legal basis for making the request: | Prevention of criminal offences  Investigation of criminal offences  Detection of criminal offences  Prosecution of criminal offences  Execution of criminal penalties  Safeguarding against and prevention of threats to public security  Protection of the vital interests of the individual or another person  Performance of another task in the public interest (please state) |
| Has the individual consented to us disclosing this information: | Yes (please attach consent)  No |
| Can the individual be notified of this request: | Yes  No – It would be likely to prejudice the prevention or detection of crime  No – It would be likely to prejudice the apprehension or prosecution of offenders  No – Another reason (please state) |
| Additional information: | *[Please include any additional requests or notes e.g. requests that particular records not be destroyed, etc.]* |
| **Part 2 – Sign-off** | |
| Signed: |  |
| Name, Rank and Number: |  |
| Station: |  |
| Reference No.: |  |
| Telephone No.: |  |
| Email address: |  |
| **Part 3 – Counter-signature (if this is Force Policy to provide)**  ***(Please note that counter-signature should be by somebody of at least the rank of Inspector)*** | |
| Signed: |  |
| Name, Rank and Number: |  |