



Personal Information Request Form

Please submit the completed form to the Information Officer at info@scacademy.co.za

Please be aware that we may require you to provide proof of identification prior to processing your request.

There may be a reasonable charge for providing copies of the information requested.

Information Officer	
Full Name	
Contact Number	
Email Address	

Particulars of Data Subject / Employee / Parent / Legal Guardian	
Full Name	
Identity Number	
Postal Address	
Contact Number	
Email Address	

Details of Request. I hereby request SCA to:	
a. Inform me whether SCA holds any of my / my child's Personal Information	
b. Provide me with a record of my / my child's Personal Information	
c. Correct and/or update my / my child's Personal Information	
d. Destroy or delete a record of my / my child's Personal Information	
e. Other. Please provide details below	

Instructions / details

Signature	
Full signature	
Date	

For Office use.	
Date of request received	
Decision / Action Taken	
Date of request completed	
Information Officer	
Signature	