# SUBJECT ACCESS REQUEST FORM

It is not mandatory to use this form, but it will help us to give a timely and accurate response to your subject access request under Article 15 of the General Data Protection Regulation. Please complete the table below and return the form by mail or email to the Data Privacy Officer.

|  |  |
| --- | --- |
| Date |  |
| Title |  |
| Last Name |  |
| First Name(s) |  |
| Mailing Address |  |
| Email address |  |
| Preferred response format (Mail or email) |  |
| Other name(s) by which you have been known (if applicable) |  |
| Relationship to the College |  |
| Proof of ID enclosed/attached (ideally send a photocopy/scan of one form of photo ID) |  |
| Description of your request, including information to help us locate the personal data you seek |  |

Pomona College  
c/o Elisa Alban  
333 N. College Way  
Claremont, CA 91711

Phone: (909) 621-8147  
Fax: (909) 621-8671  
Email: [dpo@pomona.edu](mailto:dpo@pomona.edu)