

**Request to Erase Personal Data**  
**“Right to be Forgotten”**

Article 17 of the GDPR requires the HEA/IRC to erase personal data relating to a data subject on receipt of a valid request, if:

- a. The personal data is no longer required for the purposes for which it was collected
- b. The data subject withdraws consent for data which is being processed on the basis of consent
- c. The personal data have been unlawfully processed
- d. The data subject has a valid objection to the processing of their personal data (see Article 21)
- e. The personal data have to be erased for compliance with a legal obligation
- f. The personal data have been collected in the offer of information society services to a child (see Article 8)

If you wish to make such a request please complete this form and submit it, with proof of identity that you are the Data Subject,\* to the Data Protection Officer, Higher Education Authority, 3 Shelbourne Buildings, Shelbourne Road, Dublin 4, or email it to: [dataprotection@hea.ie](mailto:dataprotection@hea.ie).

If you are making the request on behalf of a Data Subject, an authorising letter signed by the Data Subject with proof of the Data Subject's identity must be submitted.

**\*Data Subject is the individual who has a right to request access to their Personal Data and is the person who is the subject of the Personal Data in question.**

In order to process your request, the HEA may need to contact you to request additional information or to seek clarification. The HEA will confirm the outcome of your request within 30 days of receiving your request.

Please note that it may not be possible to act on this request if the HEA needs to retain this data and the legal basis for retaining and processing this data remains valid.

**PLEASE COMPLETE IN BLOCK LETTERS**

1. Details of Data Subject:	
Name:	
ID provided:	
Contact Number:	

## 2. Request to have Personal Data ERASED “Right to be Forgotten”

Please provide details of the Personal Data you want the HEA/IRC to delete

## 3. Declaration of Requester

I hereby declare and confirm that all information and supporting documents provided by me in connection with this Request are true, accurate and complete. I understand that it will be necessary for the HEA to verify my identity and that the HEA may contact me for more detailed information in order to process my request. I consent to the collection, use and disclosure of the personal data that I have provided in this form for the purpose of this request.

Name (Block Capitals):

Signature:

Date:

## 4. For Internal Use Only

Application  
Reference No.

Received by:

Date:

Referred to:

Date:

Date Request  
Actioned:

Date Requester  
Notified

Comments

