

Request to Object to the Processing of Personal Data

Article 21 of GDPR states that a data subject¹ will have the right to object to processing of personal data relating to him / her when:

- a. Processing is of non-special category data being processed on the basis of: public interest; or, purposes of the legitimate interests pursued by the controller
- b. Processing for direct marketing purposes

Where the data subject objects to processing for direct marketing purposes, his / her personal data shall no longer be processed for such purposes.

Where personal data are processed for scientific or historical research purposes or statistical purposes the data subject shall have the right to object to processing of personal data concerning him / her unless the processing is necessary for the performance of a task carried out for reasons of public interest.

if you wish to object to the processing of your personal data by the HEA 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 Road, Dublin D04 C2Y6 or email it to 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 Subjects identity must be submitted.

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

PLEASE COMPLETE IN BLOCK LETTERS

Details of Data Subject	
Name:	
ID provided	
Contact Number	

¹ 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

Request to object to the processing of personal data

Please provide details of the processing of personal data that you wish to object to

Declaration

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:

For Internal Use

Application Reference Number	
Linked Reference Number if the data subject has made a previous request	
Received by:	Date:
Referred to:	Date:
Date Request Completed:	
Date Requestor Informed:	

Comments: