

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:			