**PERSON SUBMITTING THE REQUEST**

Name Street address

National identity number Postal code and city

 Telephone number Email address

**DESCRIPTION OF THE REQUEST**

My request is related to using the following rights:

To have access to my personal data [ ]
To rectify the data [ ]
To erase the data [ ]
To restrict processing [ ]
To transfer the data from one system to another [ ]
The right to object [ ]
Other right:

My request is directed to the following personal data register or processing entity of personal data:

Statement of the request, the desired mode of delivering the data, the point of time related to checking the data and other additional information essential for the request:

 **Signature of the person submitting the request Date**

Please send the request to the following address:

Turku University of Applied Sciences Ltd, Data Protection Officer

Joukahaisenkatu 3, 20520 Turku