**NATIONAL COUNCIL ON EDUCATION**
**NCE@NCE.ORG.COM**

# Data Subject Prevent Automated Decision Making Request Application

| | | | | | |
|---|---|---|---|---|---|
| **SECTION 1** | **PERSONAL INFORMATION OF DATA SUBJECT** | | | | |
| **1** | **NAME OF DATA SUBJECT** (If you are not the data subject proceed to Section 2) | Last Name<br>Last Name | Middle Name<br>Middle Name | First Name<br>First Name | |
| **2** | **DATE OF BIRTH (DD/MM/YYYY)** | DD/MM/YYYY | **3** **SEX** | ☐ Male ☐ Female | |
| **4** | **CONTACT INFORMATION** | Phone Number | ___ ___ ___ ___ | | |
| | | Email Address | username@email.com | | |
| **5** | **ADDRESS**<br>(Please state the address to which correspondence related to your application should be sent) | Street Address: Street Address | | | |
| | | Address Line 2: Address Line 2 | | | |
| | | City/State/Parish/Postal Code: City/State/Parish | | | |
| | | Country: Country | | | |
| **6** | **MAILING ADDRESS**<br>(if different from primary address) | Street Address: Street Address | | | |
| | | Address Line 2: Address Line 2 | | | |
| | | City/State/Parish/Postal Code: City/State/Parish | | | |
| | | Country: Country | | | |
| **SECTION 2** | **PERSONAL INFORMATION OF APPLICANT** | | | | |
| **7** | **ARE YOU MAKING THIS REQUEST ON THE DATA SUBJECT'S BEHALF?** | ☐ Yes | ☐ No (Please move to Section 3) | | |

| | | | | |
|---|---|---|---|---|
| **8** | **NAME OF APPLICANT** (please provide a signed delegation form or proof of authority to act on data subject's behalf) | Last Name<br>Last Name | Middle Name<br>Middle Name | First Name<br>First Name |
| **9** | **CONTACT INFORMATION** | Phone Number | ___ — ___ — ____ | |
| | | Email Address | username@email.com | |
| **10** | **MAILING ADDRESS** (Please state the address to which correspondence related to your application should be sent) | Street Address: Street Address | | |
| | | Address Line 2: Address Line 2 | | |
| | | City/State/Parish/Postal Code: City/State/Parish | | |
| | | Country: Country | | |

**SECTION 3** **YOUR REQUEST**

**11** **I hereby direct you to:** (Select all that applies to your request for the above-mentioned data subject)

☐ Ensure that no decision taken by or on your behalf and which significantly affect me/ the data subject on whose behalf I am acting, is based solely on the processing, by automatic means, of my personal data/the data subject's personal data for the purpose of evaluating matters relating to me/the data subject.

☐ In relation to your notice of 08/20/2026 (insert date) in respect of, and which significantly affects, me/the data subject on whose behalf I am acting, to reconsider the decision made by you or on your behalf or make a new decision, otherwise than by automated means.

**15** **PLEASE PROVIDE ANY ADDITIONAL INFORMATION, EVIDENCE OR DETAILS THAT MAY ASSIST THE ORGANIZATION IN LOCATING YOUR DATA**. (e.g. a form name/number, a reference number, department)

| | | |
|---|---|---|
| **16** | **TODAY'S DATE** | DD/MM/YYYY |

| 17 | I declare that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. | | |
|---|---|---|---|
| | **YOUR SIGNATURE** | **18** | **YOUR RELATIONSHIP TO THE PERSON IN SECTION 1** (If different from data subject)**:**<br>○ Father or Mother ○ Natural Or Adoptive Parent ○ Legal Guardian ○ Other Specify |

## THIS SECTION IS FOR INTERNAL USE ONLY

| **REQUEST REFERENCE NO:** | ___ — ___ — ___ — ___ |
|---|---|

| **DOCUMENT SUBMITTED** | Data Subject's ID Number | Applicant's ID Number |
|---|---|---|
| ☐ Copy of Passport | ID Number | Applicant Number |
| ☐ Copy of Elector ID | ID Number | Applicant Number |
| ☐ Copy of Driver's License | | |
| ☐ Delegation Form | | |
| ☐ Proof of Address (e.g. utility bill, bank statement) | | |
| ☐ Other (please specify): | | |

| Employee Name: | Employee Name | | |
|---|---|---|---|
| Employee Signature: | | Date: | DD/MM/YYYY |
| DPO Name: | Full Name | | |
| DPO Signature: | | Date: | DD/MM/YYYY |