



## Personal Data Rectification/Deletion Request Form

**Request to have Personal Data rectified or erased.**

**Data Protection Act 1988 and Data Protection (Amendment) Act 2003**

**Important: Proof of identity (e.g. official/State photographic identity document such as drivers licence, passport) must accompany this form.**

Full Name	
Address	
Contact number *	Email addresses *

\* The PSI may need to contact you to discuss your access request

**Please tick the box which applies to you:**

Student <input type="checkbox"/>	Pharmacist <input type="checkbox"/>	Pharmaceutical Assistant <input type="checkbox"/>	Pharmacy Owner <input type="checkbox"/>	Current Staff <input type="checkbox"/>	Former Staff <input type="checkbox"/>
In case of student, insert College:  Years attended:				Insert Period of Work in PSI:	

I, .....[insert name] wish to have the data detailed below which PSI holds about me rectified / erased (*delete as appropriate*). I am making this access request under **Section 6** of the Data Protection Acts.

Details of the information you believe to be inaccurate and rectification required OR reason why you wish to have data erased:

You must attach relevant documents as proof of correct information e.g. where a date of birth is incorrect, please provide us with a copy of the official State Birth Certificate. Please note that your right to request rectification/deletion is not absolute and may be declined by PSI in certain cases. You have the right to complain regarding this refusal to the Office of the Data Protection Commissioner: see [www.dataprotection.ie](http://www.dataprotection.ie).

Signed ..... Date .....

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**Checklist: Have you:**

- 1) Completed the Rectification/Deletion Request Form in full?
- 2) Included document/s as proof of correct information?
- 3) Signed and dated the Request Form?
- 4) Included a photocopy of official/State photographic identity document (driver's licence, passport, etc.)\*.

**\*Note to PSI:** the PSI should satisfy itself as to the identity of the individual, and make a note in the PSI records that identity has been provided but the PSI should not retain a copy of the identity document.

Please address and return this form to:

**Dr. Cheryl Stokes**  
**Data Protection Officer**  
**PSI – The Pharmacy Regulator**  
**PSI House**  
**15-19 Fenian Street**  
**Dublin 2, D02 TD72**