

# Request related to the right of access

BI Norwegian Business School/ Data Protection Officer  
0442 Oslo  
personvernombud@bi.no

| The request concerns   |                          |
|--|--------------------------|
| I request access to personal information that is registered at BI about:   |                          |
| Me ( <i>copy of passport or driver's license attached</i> )  | <input type="checkbox"/> |
| A person I Have the authority to act on behalf of ( <i>Power of attorney or equivalent, and copy of passport or driver's license attached</i> )  | <input type="checkbox"/> |
| My request for data access concerns the following  |                          |
| Which types of personal information are stored ( <i>e.g name, address, photos, health information etc</i> )  | <input type="checkbox"/> |
| Information specified below ( <i>e.g within a specific period of time, data stored in sytem(s), research projects etc</i> )  | <input type="checkbox"/> |
|  |                          |
| <b>All</b> information stored in all systems, records and documents ( <i>Please note that this may be very extensive. If you want insight for something specific, we recommend that you only request for this in the first instance</i> ). | <input type="checkbox"/> |

| Personal details  |  |            |  |  |  |
|---|--|------------|--|--|--|
| If the data access request is sent electronically, the answer will – as a main rule, be sent electronically if nothing else is explicitly stated. |  |            |  | I prefer a reply to my <b>postal address</b> |  |
|   |  |            |  | <input type="checkbox"/>                     |  |
| Name ( <i>first name, middle name, last name</i> ):   |  |            |  |  |  |
| Date of birth ( <i>day-month-year</i> ):  |  |            |  |  |  |
| Postal address, apartment number/ p.o box:  |  |            |  |  |  |
| Postal Code:  |  | City/Town: |  | Country:                                     |  |
| Phone number ( <i>optional</i> ):   |  |            |  |  |  |
| Affiliation with BI ( <i>student, employee, research participant etc</i> ):   |  |            |  |  |  |

| Signature  |  |       |  |
|--|--|-------|--|
| Name of proxy/ Holder of power of attorney:      |  |       |  |
| Proxy's date of birth ( <i>date-month-year</i> ) |  |       |  |
| Place:   |  | Date: |  |

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