**‏REQUEST FOR THE DATA SUBJECT’S RIGHTS**

Using this form, the person is able to exercise his / her rights under the General Data Protection Regulation. In order to fulfil this request for the data subject’s rights, RSU needs to identify the person. A person is considered identified, if:

* + A person presents the identity document in person at the RSU Records Management and Archives Department in 16 Dzirciema iela, Riga, D-100 or D-101;
  + A person sends the request, signed with a secure electronic signature, to the RSU e-mail address [dokumenti@rsu.lv](mailto:dokumenti@rsu.lv);
  + A person sends a request to the Unified portal of state and municipal services ([www.latvija.lv](http://www.latvija.lv/)), incl. a request to the RSU official electronic address rsu@rsu.lv.

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| 1. **INFORMATION ABOUT THE PERSON** | | |
| **Name** |  | |
| **Surname** |  | |
| **Personal identity number *(date of birth, if there is no personal identity number)*** |  | |
| **I submitted the request** | in my own interests | in the interests of another person ***(when ticking this, Section 2 is mandatory)*** |
| **Indicate the status for which RSU may have processed your personal data** | student  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (study programme, faculty)  employee  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (position, structural unit)  other *(please specify)*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **2. INFORMATION ABOUT THE REPRESENTATIVE *(do not fill in if the request is submitted in your own interests)*** | | |
| **Name** |  | |
| **Surname** |  | |
| **Personal identity number** |  | |
| **I represent the person as** *(e.g. guardian, parent, etc.)* |  | |
| ***At the time of the request, the representative must present his or her identity document together with a document concerning the representation of the rights of the person referred to in Section 1.*** | | |
| **3. METHOD OF RECEIVING A REPLY** | | |
| In person *(please indicate the contact phone)* |  | |
| ***You will be notified about the reply by the phone number specified. You will be able to receive the reply at RSU, 16 Dzirciema iela, Riga, D-100 or D-101*** | | |
| To the e-mail address  *(please indicate the e-mail address)* |  | |
| To the address of residence or to the address of stay *(please indicate the address)* |  | |
| To the activated e-address account in the Unified portal of state and municipal services ([www.latvija.lv](http://www.latvija.lv/))  *(please indicate the address)* |  | |
| **4. NATURE OF THE REQUEST** | | |
| **I WANT TO RECEIVE INFORMATION ABOUT THE PROCESSING OF MY PERSONAL DATA** | | |
| **Specify the specific processing of personal data** |  | |
| **Tick ​​what kind of information you would like to receive in connection with the processing of the personal data** | data processing purposes  types of personal data processed  recipients or categories of recipients of personal data to whom personal data have been disclosed or to whom they are planned to be disclosed  the period of storage of personal data or the criteria for determining the period  information on the possibilities of exercising the data subject's rights, incl. the rights to rectify, delete, restrict the processing of personal data and the rights to object  information on sources from which personal data was obtained  information regarding automated decision making (if any), the operating principle included and the expected consequences  information about transferring the data to third countries or international organisations  other *(please specify)*   |  | | --- | |  | |  | |  | | |
| **I WANT TO DELETE MY PERSONAL DATA** | | |
| **Please specify what kind of personal data you want to delete** |  | |
| **Please specify the reason for deleting personal data** | personal data are no longer necessary for the purposes for which they were collected and processed  I revoke my previous consent on the basis of which the following processing was performed: *(please specify the specific processing/s)*   |  | | --- | |  | |  | |  |   I object to the processing of my personal data based on the legitimate or public interests of RSU, which are not more important than my interests, rights and freedoms  I object to the processing of my personal data for direct marketing purposes  personal data has been processed illegally  the deletion of personal data is stated by law  other reason *(please specify)*   |  | | --- | |  | |  | |  | |  | |  | |  | |  | |  | | |
| **I WANT TO RESTRICT THE PROCESSING OF MY PERSONAL DATA** | | |
| **Please specify the processing of personal data you want to restrict** |  | |
| **Please specify the reason for restricting the processing of personal data** | personal data are inaccurate  Justification:   |  | | --- | |  | |  | |  | |  | |  | |  |   The restriction applies until the RSU checks the accuracy of the data.  processing is illegal and I do not want the data to be deleted Justification:   |  | | --- | |  | |  | |  | |  | |  | |  |   The restriction applies until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  RSU no longer needs personal data for this processing, but I may need it in the future to raise, enforce or defend legal claims  Justification:   |  | | --- | |  | |  | |  | |  | |  |   The restriction applies until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  the legitimate interest of the controller is not more important than my legitimate interests  Justification:   |  | | --- | |  | |  | |  | |  | |  | | The restriction applies until RSU checks whether the legitimate reasons of RSU are not more important than the legitimate reasons of the data subject | | |
| ***If processing is restricted, such personal data, with the exception of storage, will only be processed with the consent of the person or for the purpose of raising, enforcing or defending legal claims or to protect the rights of another natural or legal person or an important public interest of the EU member states.*** | | |
| **I WANT TO EXERCISE THE RIGHT TO PORTABILITY OF PERSONAL DATA** | | |
| **Please specify the personal data you want to transfer** |  | |
| **Please specify the way you want to expose your personal data to portability** | I want the data to be transferred to another controller *(provide information about the recipient)*   |  |  | | --- | --- | | Name: |  | | Reg. No. |  | | Registered office: |  | |  |  | |  |  | | E-mail: |  | | Contact phone: |  | | |
| ***The specific right only applies to data which are processed electronically in relation to a person, on the basis of the terms of an agreement or with the consent of the data subject, and which the data subject has provided himself or herself or generated by his or her activity.*** | | |
| **I WANT TO OBJECT TO THE PROCESSING OF MY PERSONAL DATA** | | |
| **Please indicate the processing of personal data to which you object** |  | |
| **Please indicate the reason for the objection** | I object because I do not consider that the legitimate interests of RSU or public interests outweigh my legitimate interests; *(mention your legitimate interests)*   |  | | --- | |  | |  | |  | |  | |  |   I object because I do not want my data to be used for direct marketing purposes, which includes profiling  I object because I do not want to receive commercial communications to my following e-mail address or telephone number *(please provide an e-mail address or telephone number)*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **In accordance with the General Data Protection Regulation, RSU will reply within one month of receiving your request. In certain cases, RSU has the right to extend this period up to three months, informing about its reasons within one month after receiving your request.** | | |

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| The person or his / her representative |  |  |
| (name, surname) |  | (signature)\* |
|  |
|  |  | (date)\* |

\* Handwritten date and signature are not required if the document is signed with a secure electronic signature containing a time stamp.