

General Data Protection Regulation (GDPR) Data Subject Request Form

The GDPR provides Data Subjects (“you” or “your”) with certain rights in relation to the personal data that The Jackson Laboratory (“we” or “our”) processes, including the limited right to receive information about how we process your personal data.

To exercise your rights under the GDPR, please complete this Data Subject Request Form. Please note that you will be asked to provide proof of your identity and your request will be processed within 30 calendar days of our receipt of a fully completed, notarized form and proof of identity. Please note the next steps and directions at the end of the form. The information you supply in this form will only be used for the purposes of identifying the personal data you are requesting and responding to your request. You are not required to complete this form to make a request, but doing so will make it easier for us to process your request quickly.

Please note the next steps and directions (Section 7) at the end of this form.

Section 1: Details of the requestor

Full name (required): _____

Address (required): Street _____

City _____ Province/Region _____

Postal Code _____ Country of Residence (required): _____

Contact telephone number (required): _____

Email address (required): _____

Section 2: What is your relationship to The Jackson Laboratory?

- Job Candidate
- Current Employee
- Former Employee
- Website User
- Recipient of Marketing Material
- Vendor/Supplier Representative
- Customer Representative
- Other (Please Specify): _____

Section 3: Are you the data subject?

Please tick the appropriate box and read the instructions that follow it.

- YES:** I am the Data Subject. I have enclosed proof of my identity*, as outlined below.

(Please go to section 5)

- NO:** I am acting on behalf of the Data Subject. I have enclosed proof of my identity, proof of the Data Subject's identity* and approval from the data subject to make the request on their behalf.

(Please go to section 4)

***Proof of identity:**

To ensure we are releasing data to the right person we require you to provide us with proof of (1) your identity and (2) your address. Acceptable forms of proof include a photocopy of:

Passport photo page, driver's license, or national identity card

Note: If we are uncertain that you are who you claim to be, we reserve the right to ask for additional information, or to refuse to grant your request.

Section 4: Details of the data subject (if different from section 1)

Full name (required): _____

Address (required): Street _____

City _____ Province/Region _____

Postal Code _____ Country of Residence (required): _____

Contact telephone number (required): _____

Email address (required): _____

SECTION 5: Please detail your request below.

Is there specific data you are inquiring about? Please understand that accessing your data does not include the right to access every document, email, or other record, in its entirety that includes your personal data. For example, you will not receive copies of every email that includes your name.

SECTION 6: Directions, notes and next steps

Please print, complete, sign and scan this form. Email the form to webservices@jax.org, or mail the form to:

Attn: Compliance Department, Mail Stop #355
The Jackson Laboratory
600 Main Street
Bar Harbor, ME 04609
USA

If the information you request reveals details directly or indirectly about another person, we will redact that information, or we may seek the consent of that person before we can let you see that information.

In certain circumstances, we may deny your request, or may not be able to disclose information to you, in which case you will be informed promptly and given reasons for that decision.

While in most cases we will be happy to provide you with copies of the information you request, we nevertheless reserve the right, in accordance with Article 12 of the GDPR, to charge a fee or refuse the request if it is considered to be “manifestly unfounded or excessive.” However, we will make every effort to provide you with a satisfactory form of access or summary of information if suitable.

The information provided will be used for processing Data Subject requests. The provision of personal data is voluntary. However, if you do not provide sufficient information, we cannot process your request.

If the request is made by an individual other than the Data Subject, an authorization letter signed by the Data Subject and information that can provide proof of the identity of the Data Subject and further proof of the Requestor’s status as a relevant person should be enclosed.

You may be asked to provide additional information to help us process your request, and you are required to have this request notarized.

SECTION 7: Declaration

Please note that any attempt to mislead may result in prosecution.

I confirm that I have read and understood the terms of this Data Subject Request Form and I certify that the information given in this application to The Jackson Laboratory is true. I understand that it is necessary for The Jackson Laboratory to confirm my and / or the data subject's identity and it may be necessary to obtain more detailed information in order to locate the correct personal data. I further understand that in order for this request to be processed by The Jackson Laboratory, I must have this Data Subject Access Request Form notarized.

Signed _____ **Date** _____

Notary Public:

Jurisdiction (Country, County, State or City):

The foregoing Data Subject Request Form was acknowledged before me
this _____ day _____ of, 20 _____ by _____,
the (Data Subject or Representative) _____, a resident of (EU country) _____ .
They have produced _____ as proof of identification.

Notary's information

Print Name: _____

Signature: _____

Notary Public, State of _____

My commission expires: _____

Address Street _____

City _____ Province/Region _____

Postal Code _____ Country of Residence _____

Phone number: _____

Email: _____