ZIMBABWE OPEN UNIVERSITY

"Empowerment Through Open Learning" ®

DATA SUBJECT REQUEST FORM

Request access, correction, deletion, objection or another action concerning your personal information

Before you begin

Use this form to help ZOU identify and respond to your request. The form is optional: you may also contact the Data Protection Officer at dpo@zou.ac.zw or submit a request through an accessible ZOU channel. ***Type an X inside the relevant box, for example [X]. Do not send an original identity document.***

1 REQUEST DETAILS

Fields marked * are recommended to help ZOU identify you and locate relevant records.

Full name *	
Previous or other name	
Email address *	
Telephone number	
Postal / physical address	
Student / employee / applicant / supplier reference	
Regional campus / faculty / unit	

2 WHO IS MAKING THE REQUEST?

[ ] I am the person the information is about	[ ] Parent or legal guardian of a child
[ ] Authorised representative	[ ] Legally appointed representative

If you act for someone else, ZOU may ask for proof of authority and may confirm instructions directly with the data subject where appropriate.

Representative's full name	
Relationship / authority	
Representative's contact details	

3 WHAT WOULD YOU LIKE ZOU TO DO?

Select all that apply. Some rights depend on the circumstances and applicable law.

[ ]	**A. Be informed -** Explain whether and how ZOU uses my personal information.
[ ]	**B. Access -** Confirm whether ZOU processes my information and provide a copy.
[ ]	**C. Correction -** Correct information that is inaccurate, incomplete, false or misleading.
[ ]	**D. Deletion -** Delete information where the applicable legal conditions are met.
[ ]	**E. Object -** Stop or reconsider specified processing of my personal information.
[ ]	**F. Withdraw consent -** Stop processing that relies on my consent, from the date of withdrawal.
[ ]	**G. Portability -** Provide eligible information in a structured, machine-readable format.
[ ]	**H. Automated decision review -** Request human review of a qualifying automated decision or profiling outcome.
[ ]	**I. Other -** Raise another personal-information request or concern.

Information or records concerned *For example: admissions, registration, academic record, assessment, finance, employment, research, CCTV, website or communications.*

Relevant date range *Provide approximate dates if exact dates are unknown.*

Correction or deletion details *Identify the current information, the correction requested, or the information you believe should be deleted and why.*

4 TELL US MORE ABOUT YOUR REQUEST

Request description * *Describe the outcome you want. You do not need to know the name of a ZOU system or cite legislation.*

People, offices, courses, systems or communications that may help locate the information
Optional: include lecturer or staff names, course codes, email subjects, application dates or transaction references.

Reason for objection, deletion or automated-decision review *Complete where relevant. ZOU may ask for clarification if the legal test depends on your circumstances.*

5 SUPPORTING INFORMATION AND IDENTITY CHECKS

Protecting your information

ZOU will use proportionate checks before disclosing or changing personal information. Do not attach a national identity document or passport unless the DPO specifically requests it and provides a secure method. List any supporting records you are providing; send copies, not originals.

Supporting documents supplied

6 RESPONSE AND ACCESSIBILITY PREFERENCES

[ ] Secure electronic copy	[ ] Collect from an agreed ZOU office
[ ] Post to the address provided	[ ] Another accessible format

Preferred language, communication method or reasonable accommodation

7 DECLARATION

Please confirm

I confirm that the information in this form is accurate to the best of my knowledge. If I act for another person, I confirm that I am authorised to make this request. I understand that ZOU may contact me for clarification, proportionate identity verification or proof of authority before releasing or changing personal information.

Name of requester *	
Signature (if printed)	
Date *	

8 HOW TO SUBMIT

Email	dpo@zou.ac.zw
In person	Submit at an appropriate ZOU regional campus or office for secure forwarding to the DPO.
Post / delivery	Data Protection Officer, Zimbabwe Open University, Corner House, corner Leopold Takawira Street and Samora Machel Avenue, Harare, Zimbabwe.
University website	www.zou.ac.zw

9 SHORT PRIVACY NOTICE

Zimbabwe Open University will use the information in this form to identify you, locate relevant records, assess and respond to your request, protect the rights of other people, and demonstrate compliance. Information may be shared with relevant ZOU units, authorised service providers, professional advisers or regulators only where necessary and lawful. The request record will be protected and retained in line with ZOU's approved retention requirements. See www.zou.ac.zw/privacy-policy/ or contact DPO on dpo@zou.ac.zw for more information.

FOR OFFICE USE ONLY REQUEST CONTROL

Request reference	
Date and channel received	
Acknowledgement sent	
Identity / authority verification	
Responsible officer / DPO case owner	
Target response date	
Final decision / response date	
Closure and retention action	

Internal checklist: [ ] registered [ ] scope confirmed [ ] systems/units searched [ ] processors contacted [ ] third-party review [ ] response approved [ ] securely delivered [ ] register closed