

**KEYSTONE INTERNATIONAL SCHOOLS  
DATA SUBJECT APPLICATION FORM**

**1. Mode of Application**

If you have a request concerning your rights as defined in article 11 of the Personal Data Protection Law 6698, you can fill out this form to submit it to the school, as per the article 13 of the Law and article 5 of the Communiqué on the Procedures and the Principles of Application to Data Controllers.

	<b>METHOD OF APPLYING</b>	<b>RECIPIENT'S ADDRESS</b>	<b>DETAILS TO MARK ON THE FORM</b>
<b>1. Hard copy Application</b>	Personal application with wet signature, or via a notary public	Küçük Çamlıca Mahallesi Gülhan Sk. No:1/1-2 PK: 34660 Üsküdar - Istanbul - Turkey	The following statement should be written on the envelope/notification: "Request for Information in the Context of Personal Data Protection Law"
<b>2. From your email address recorded on the school's system</b>	You can use your email address which is on our school's system	<a href="mailto:camlica@keystoneschools.com.tr">camlica@keystoneschools.com.tr</a>	The subject line should read: "Request for Information in the Context of Personal Data Protection Law"
<b>3. From an email address unknown to our system</b>	You should include your mobile signature or your e-signature	<a href="mailto:camlica@keystoneschools.com.tr">camlica@keystoneschools.com.tr</a>	The subject line should read: "Request for Information in the Context of Personal Data Protection Law"

**2. Your ID and Contact Details**

Please fill in the section below to enable us to contact you and to verify your identity:

Name and Surname:	
Turkish Republic Citizenship Number, or for foreign nationals: Passport Number or ID Card Number:	
Residential Address/Workplace Address:	
Cell Phone Number:	
Landline Number:	
Fax:	
Email:	

### 3. Your Status in Relation to the School:

Student:	<input type="checkbox"/>	Parent:	<input type="checkbox"/>
Employee:	<input type="checkbox"/>	Visitor:	<input type="checkbox"/>
Graduate:	<input type="checkbox"/>	Grantor:	<input type="checkbox"/>
Associate:	<input type="checkbox"/>	Activity Participant:	<input type="checkbox"/>
Former Employee:	<input type="checkbox"/>	Other:	<input type="checkbox"/>

### 4. Request Details

Please explain your request clearly. Any documents related to the matter should be attached to the application.

### 5. Please Select a Reply-To Address:

Reply to my postal address which I indicated under item 2 above

Reply to my email address which I indicated under item 2 above

Reply to my fax number which I indicated under item 2 above

I kindly request that you assess my application as per the article 13 of the Law and that you let me know the outcome.

I declare that the information and the documents I supplied with this application are true and up-to-date, and I understand that the school may ask for additional information to reach a conclusion about my request, and that in the case any extra charges occur, I may have to pay the amount set by the Personal Data Protection Board.

### Applicant's (Data Subject's):

**Name, Surname:**

**Date:**

**Signature:**