

**Record Retention Questionnaire**

This questionnaire is intended to assist you in considering and recording retention periods for the records that you hold, and to ensure that records are only retained for so long as is necessary, having regard to the data contained in the records, the purpose of retaining that data and any legal or regulatory obligations which impact on data retention.

This questionnaire should be considered in conjunction with the University’s Records Retention Policy.

|  |  |
| --- | --- |
| **Department / Faculty** |  |
| **Record name** |  |
| **Brief description of nature and purpose of the record** |  |
| **Record Format** | **Is the record held physically, electronically, or both?**  **Where is the record stored?** |
| **Does the record include personal data** | Yes / No  If yes, please answer the following questions:  **What types of personal data are present in the record (specify all)?**  **Who are the data subjects (specify category e.g. students, staff)?**  **Is all of the personal data required for a specific purpose?**  **What is that purpose?**  **Might the specific purpose change over time? Is it subject to review?**  **Can the record be anonymised (wholly or in part) e.g. where personal data is no longer required for a specific purpose?** |
| **Is the record subject to either a statutory or regulatory minimum retention period?** | Yes / No  If yes, please specify:  **The applicable legislation / regulation**  **The prescribed retention period?** |
| **Could the record be required in the event of future litigation?** | Yes / No  If yes, **what is the applicable limitation period for the relevant type of legal action?** |
| **Are there any other factors which might impact on the retention period?** |  |
| **Proposed retention period**  *(Note: permanent retention of personal data is unlikely to be acceptable under the GDPR, although a specific lengthy period may be justified in specific circumstances, e.g. a copy degree certificate may be requested during a student’s working life).* |  |

**Questionnaire completed by:**

Name:

Position:

Date:

**Departmental / Faculty authorisation:**

Name:

Position:

Date:

**Authorised by Information Protection Unit:**

Name:

Position:

Date: