# Form of Authority for 3<sup>rd</sup> Party Consent

#### **General Data Protection Regulations 2016**

#### 1. Personal details of Data Subject

Salutation:	Mr	Mrs	Ms	
	Miss	Other		
L -				
Surname / Family name:				
First Name(s)/Forenames:				
Date of Birth: (dd/mm/yyyy)				
Address:				
Daytime telephone number:				
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Email address:				

### 2. Proof of identity and completion instructions

When releasing a subject's data, we have to be sure that we are releasing personal data only to those who are entitled to it. We may therefore carry out checks to confirm your identity or that of a 3rd party before releasing any personal data.

Please return this form securely to the following address, marking it as confidential and for the attention of the Data Protection Officer:

Data Protection Officer
St Benedict's Catholic School
Beetons Way

Bury St Edmunds Suffolk, IP32 6RH http://www.st-benedicts.suffolk.sch.uk

Tel: 01284 753512 Fax: 01284 701927

Email: SubjectAccessRequest@st-benedicts.suffolk.sch.uk

## 3. Personal details of the Data Subjects representative Salutation: Mr Mrs Ms Miss Other Surname / Family name: First Name(s)/Forenames: Date of Birth: (dd/mm/yyyy) Address: Daytime telephone number: Email address: Company: Job title: Relationship to data subject: 4. Data Subject Declaration: I hereby consent to and authorise the disclosure of all records (including records which may contain sensitive personal data e.g. medical information) held by the school about me to the 3<sup>rd</sup> Party nominated in this form.

Name:	
Date:	
Signature:	

Warning: a person who unlawfully obtains or attempts to obtain data is guilty of a criminal offence and is liable to prosecution.