



ADUR & WORTHING  
COUNCILS

## Consent form to disclose your personal data to a 3rd party

### Your details:

Title		
Forename(s)		
Surname		
Address		
		Postcode
Phone Number		
E-mail Address		

### What personal data are you consenting to be released. Where appropriate please include any relevant dates, references or other information:

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### I consent to the above personal data being disclosed to the named 3rd party below. Should I wish to withdraw my consent at a later time I will contact the Council.

Signed:	Date:
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### Who to disclose your personal data to:

Title		
Forename(s)		
Surname		
Address		
		Postcode
Phone Number		
E-mail Address		