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|  | **Consent form to disclose**  **your personal data to a 3rd party** |

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| --- | --- | --- |
| **Your details:** | | |
| Title |  | |
| Forename(s) |  | |
| Surname |  | |
| Address |  | |
|  | |
|  | Postcode |
| Phone Number |  | |
| E-mail Address |  | |

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| --- |
| **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: |

|  |  |  |
| --- | --- | --- |
| **Who to disclose your personal data to:** | | |
| Title |  | |
| Forename(s) |  | |
| Surname |  | |
| Address |  | |
|  | |
|  | Postcode |
| Phone Number |  | |
| E-mail Address |  | |