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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: |

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