



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: |
|---|
| |

| 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 | |