

Subject Access Request Form- Permission to release your personal data

Please use this form to give your permission for Dumfries and Galloway Council to give personal information it holds about you to another person. This form can be used to:

- Give permission for someone to access your information on your behalf
- Give permission for your information to be released to another person about a request they have made

We will keep this form, but we will only use it to help us process your request. We may ask you to fill in another form if we are asked for different types of information about you, or it has been a long time since we were asked to share your information.

How to see what information we hold about you

If you are making the request on behalf of another person, you need to complete this form and provide proof of who you are. We won't be able to process your request until we have received proof of who you are.

You and the person who the information is about will both need proof of identity.

If you are making the request as a power of attorney- you will need to provide proof of this.

Examples of proof include your driving license, passport, birth certificate, utility bill or letter from a government agency. If you do not have any of these, please contact us.

You can send originals or certified photocopies (certified means a professional person-doctor, dentist, teacher, social worker, bank official-has signed the photo to prove who you say you are). If you send originals we will return these to you via Royal Mail Recorded Delivery Service.

We require identification from both people completing this form.

Help Completing this form

If you would like help or advice when completing this form or have any questions, please contact the Data Protection Officer:

Phone: 0303 333 3000

Email: dataprotection@dumgal.gov.uk

Address: Data Protection Officer
Council Headquarters
Dumfries and Galloway Council

English Street
DG1 2DD

Section A- Person who the information is about

Name:	
Address:	
Home telephone:	
Mobile:	
Email:	
Date of birth:	

Section B- The person making the request/who we are sending your information to

Name:	
Address:	
Home telephone:	
Mobile:	
Email:	
Date of Birth:	

Section C- Information to be released

Please tell us about the information you wish us to share. It would be helpful to provide as much detail as possible:

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Declaration (by the person who the information is about)

I, the person noted in **Section A**, authorise Dumfries and Galloway Council to release my personal information to the person noted in **Section B** to process my subject access request.

Signed:		Date:	
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Declaration for power of attorney/parent of a child

I, the person noted in **Section B** have either power of attorney or is the parent of the child noted in **Section A**, authorise Dumfries and Galloway Council to release the personal information requested.

Signed:		Date:	
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You can email or post this form with the correct proof of name, address and date of birth to the addresses on the front sheet.

Receiving your information

We can provide your information by post or you can come and collect your information. If you make your request by email, we can send your information by email.

Please let us know how you would like to receive your information.

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For Office Use Only:	
Date Permission to release form was received:	
Date of Permission to release form identification verification check:	
Name of employee who verified identification:	
Name of employee allocated Permission to release form:	
Date of Data Protection Officer's Check:	
Format and Date information was sent:	