

Permission to release your personal data

Please use this form to give your permission for the City of Edinburgh 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's been a long time since we were asked to share your information.

Identification

We need to see proof of your **name**, **date of birth**, and **address**. This is so the Council only gives information to people who can see it.

Examples include your driving licence, 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, good quality photocopies or scans. If you send originals we will return these to you via the 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 you have any questions please contact the Information Governance Unit.

InformationRights@edinburgh.gov.uk

The City of Edinburgh Council Information Governance Unit 2.1 Waverly Court, 4 East Market Street Edinburgh, EH8 8BG

0131 200 2340

Section A - About you

Name	
Address	
Home telephone	
Mobile	
Email	

Section B - The person we are sending your information to

Name	
Address	
Home telephone	
Mobile	
Email	

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:

Declaration

I, the person noted in **Section A**, authorise the City of Edinburgh Council to release my personal information to the person noted in **Section B** to process a subject access request.

Signed: D	ate:
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You can email or post this form, with your proof of name, address, and date of birth to the address overleaf