

Data Protection Authorisation of Agent for Subject Access

1) Name of Agent

Title:

.....

Surname:

.....

First name(s):

.....

2) Address of Agent

.....

.....

.....

Postcode:

.....

Daytime

TelephoneNo.....

3) Details of person on whose behalf application is being submitted

Title:

.....

Surname:

.....

First name(s):

.....

4) Application on behalf of child or young person under the age of 18

I am the parent/guardian/person with parental responsibility* for the child (young person) and he/she:

has consented to my making this request on his/her behalf

N.B. A child/young person between ages 12-17 also needs to complete 5 below ☐

is not capable of understanding the nature of the request ☐

(*delete as applicable)

5) I confirm that I am the person detailed in Section 3 or 4 of this form and authorise the Council to give the information requested to my agent.

Signature:

Date:

6) Declaration Agent

I confirm that I am the person detailed in Section 1 of this form and that I have been asked to act as an agent in respect of this request for subject access.

Signature:

Date:

Please return this form, together with a *COMPLETED* 'Application for Subject Access' form to:

Anna Marzec
Data Protection Officer
Swindon Borough Council
Civic Offices
Euclid Street
Swindon
SN1 2JH