



**SWINDON**  
BOROUGH COUNCIL

## 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