Third party request for information

Under exemptions to the Data Protection Act, 1998

Confidential when complete



This form is for third party requests for disclosure of personal information or CCTV held by GreenSquareAccord and should be used where the requester seeks disclosure which may benefit from an exemption under the Data Protection Act, 1998 (DPA) e.g. s.29/s.35(1)/s.35(2) by organisations such as:

- The emergency services fire service, ambulance and NHS
- · Local authorities, government departments, members of parliament and councillors
- Academic institutions
- · Regulatory authorities
- Specialist care provider organisations and charities

Name and title:

- Utility providers
- · Insurance services and solicitors

Once completed the form should be submitted by email to data.protection@greensquareaccord.co.uk

Please note: Police requests for information should be made using the police service DP form

Details of the person requesting the information	
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Position:	
Organisation:	
Address (and postcode):	
Telephone number:	
E-mail address:	
Signature and Date:	
NB you may be asked provide proof	f of identification. If this is required we will contact you.
Where applicable, please st relates	ate the name of any individual to which the information request
Full name:	
Date of birth:	
Address (and postcode):	
Please state the nature of the	e information requested

Third party request for information

Please explain clearly why this information is required and who will have access to the information. Please note: Information will not be disclosed for sales and marketing purposes.		
_	nich you believe provides you with a legal basis upon which to are you requesting disclosure pursuant to section 29 of the 35(2) of the DPA?	
Please explain why you belie	eve that your request falls within any exemptions?	
the legal mandate relied upon e.g.	elates to the exemption provided by section 35(1) of the DPA you must state the wording from the relevant Act of Parliament and section number. If this y not be able to process the request	
To be completed internally by t	the Data Protection team	
Date request received:		
Explain clearly why access is granted or denied:		
Has a copy of this form		