

This form is to be used where an individual (data subject) wishes to give permission to the Organisation to disclose personal data, held by the Organisation about them, to another named individual or third party organisation.

<b>Your details:</b>			
<b>Full Name</b>			
<b>Date of Birth</b>		<b>Person Code</b>	
<b>Contact Address</b>			
	<b>Postcode</b>		
<b>I authorise Bishop Auckland College / South West Durham Training to disclose my personal data to:</b>			
<b>Full Name</b>		<b>Relationship to you</b>	
<b>Contact Address</b>			
	<b>Postcode</b>		
<b>Telephone number</b>		<b>Email address:</b>	
<b>I consent to all personal data about me being disclosed: YES/NO*</b> (*delete whichever does not apply)			
If no – only the following data may be disclosed (please be explicit)			
<b>This authority to disclose data is</b>			
(a) <b>Valid until</b> (please provide end date) _____			
<i>Note: if no date is specified, authority to disclose data will cease at the end of the current academic year.</i>			

**Declaration**

By signing this consent form I am giving permission for the Organisation to share either all or some of my information (as detailed above) to the person detailed above, without the Organisation having to obtain further consent from me.

Print Name: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please note: you have the right to withdraw consent at any time, in order to do this the Quality Office must receive, in writing, your instruction to remove the data sharing consent.

For office use only	
Date logged	Copy sent to the following departments/staff for information
	<input type="checkbox"/> Student Services      HOS/ Manager _____ <input type="checkbox"/> Registry <input type="checkbox"/> HR      Tutor(s) _____ <input type="checkbox"/> Learning Support <input type="checkbox"/> Recorded on e-Trackr <input type="checkbox"/> Copy given / sent out to data subject