

General Data Protection Regulation

Permission to disclose personal data DP-PD-01 Issue 1 Rev 3

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Log Number	ı

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.			
Your details:			
Full Name			
Date of Birth		Person Code	
Contact Address			
		Postcode	
I authorise Bishop Au to:	ckland College / South West I	Durham Training to dis	close my personal data
Full Name		Relationship to you	
Contact Address			
		Postcode	
Telephone number		Email address:	
I consent to all persor	nal data about me being disclo	osed: YES/NO* (*delete	whichever does not apply)
. ,	e is specified, authority to disclos	se data will cease at the	end of the current
<u>Declaration</u>			
	iorm I am giving permission for to above) to the person detailed ab		
Print Name:			
Signed	[Date	
	ne right to withdraw consent at a		is 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		
	☐ Student Services ☐ Registry ☐ HR ☐ Learning Support ☐ Recorded on e-Trackr	HOS/ Manager Tutor(s) Copy given / sent out to data subject	