

RESTRICTED

NOT TO BE DISCLOSED TO UNAUTHORISED PERSONNEL

REQUEST FOR THE DISCLOSURE OF INFORMATION

This form should be completed whenever an external organisation requests personal data from the School, or where the School requests personal data from another organisation, unless another formal information sharing process already exists.

Details of Information Required

Name of person(s):

Date of Birth:

Current address:

Has the individual been informed of this request: ☐ Yes ☐ No

If no, explain why:

Please describe the information required and what outcome is the information intended to achieve?

Please identify the lawful basis relied upon for requesting or sharing the information:

☐ Public Task

☐ Legitimate Interests

☐ Consent

☐ Legal Obligation

☐ Vital Interests

☐ Other (please specify)

The requesting organisation confirms that:

☐ The information will only be used for the purpose stated in this request.

☐ Access will be restricted to authorised personnel.

☐ The information will not be shared with any third party unless authorised by law.

☐ The information will be retained only for as long as necessary and then securely deleted.

Declaration:

I confirm that the information requested is necessary, proportionate and relevant for the purpose identified above and that I am authorised to make this request on behalf of my organisation.

Name:

Role/Position:

Organisation:

Date: