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| **REQUEST FOR DISCLOSURE OF PERSONAL DATA**  **Under the Data Protection Acts** |

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| **To** (Releasing Officer ): |  |
| **Of** (Trust/Service ): |  |

**Please provide the data concerning the following subject (if known)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **D.O.B** |  |
| **Title** |  | | |
| **Other Identifiers (e.g. Alias):** | | | |

**Please provide the following information/Data/images:**

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**Details of alleged offence being investigated/prevented**:

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**Reason that the information is necessary:**

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I certify that completing the above section would itself prejudice the prevention or detection of crime. I certify that the data is required for the prevention or detection of crime or for the apprehension or prosecution of offenders, and that failure to disclose the data would be likely to prejudice these matters.

It is possible that this data may have relevance in future to as yet unidentified offences and it may need to be used in such an event.

It will not be used in anyway incompatible with the purpose for which it is being disclosed.

I understand that if any information on this form is omitted or wrong I may be committing an offence under the Data Protection Act

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| Any Further Information Pertinent To This Request: |

**Details of Person Making Request:**

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| --- | --- | --- | --- |
| **Name:** |  | **Position:** |  |
| **Address:** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **OFFICE USE ONLY** | | | |
| **Request approved by:** | | | |
| **Signed:** |  | **Date:** |  |
| **Name:** |  | **Position:** |  |