**UNIVERSITY OF THE WEST OF SCOTLAND**

**PERMISSION TO DISCLOSE MY PERSONAL DATA TO THIRD PARTY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Name** | | Enter your full name here | | |
| **Contact Address** | | Enter your address here | | |
| **Postcode** | | Enter your postcode here | | |
| **Banner number\*** | | Enter your Banner number here | | |
| I authorise the University of the West of Scotland to disclose my personal data to :  Enter the full name of the person to whom your data may be disclosed, and their relationship to you | | | | |
| In connection with (please be explicit) :  Enter the subject of the personal data | | | | |
| **I consent to any personal data about me being disclosed:** select Yes or No | | | | |
| If no – ONLY the following data may be disclosed (please be explicit) :  Enter details of the data which may be disclosed | | | | |
| **This authority to disclose personal data is (select a or b) :**  **(a) valid until\* :**  select a date  **(b) unlimited by time\* :** select Yes or No | | | | |
| **Signed:** |  | | **Date:** | select a date |
| \* Leave blank if does not apply | | | | |

Please sign and post to: Data Protection Officer, Legal Services, University of the West of Scotland, High Street, Paisley PA1 2BE or email to [dataprotection@uws.ac.uk](mailto:dataprotection@uws.ac.uk)