# Appendix 2: Agent Authorisation Form

***Before completing this form please read the Subject Access Request Policy & Procedure in full.***

Any information provided in this form will be used solely for purpose of responding to the request, made by the individual named in Section 1, under the Data Protection Act 2018 and the UK General Data Protection Regulation (UK GDPR).

**Section 1: Name and Contact Details of the Data Subject**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Telephone Number (Day Time): |  |
| Email Address: |  |

I am the above-named person and authorise the University College of Osteopathy to give the information requested in this application to my agent whose name and address are given below. I may be contacted to verify that I have given this authorisation.

**Signature of Data Subject: Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name and Address of Agent**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Telephone Number (Day Time): |  |
| Email Address: |  |
| Your relationship with the data subject: |  |

I declare that I make this application on behalf of and solely in the interest of the named data subject. To ensure confidentiality I accept that you will be making further enquiries to validate this authorisation.

**Signature of Agent: Date:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form should be returned along with a completed Subject Access Request Form (Appendix 1) to:

The Data Protection Officer & Freedom of Information Officer, University College of Osteopathy, 275 Borough High St, London SE1 1JE or electronically to [dpfio@uco.ac.uk](mailto:dpfio@uco.ac.uk).