**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