



EDINBURGH NAPIER UNIVERSITY

PERMISSION TO DISCLOSE PERSONAL DATA

Full Name			
Contact Address			
		Postcode	
Matriculation or staff number			
I authorise Edinburgh Napier University to disclose my personal data to: <i>(give full name & relationship to you)</i>			
In connection with: <i>(please be explicit)</i>			
I consent to any personal data about me being disclosed: YES/NO* <small>*Delete as applicable</small>			
If no – ONLY the following data may be disclosed: <i>(please be explicit)</i>			
This authority to disclose personal data is: <input type="checkbox"/> valid until: <input type="checkbox"/> unlimited by time			
Signed:		Date:	
Please provide a copy of your current ID with this form. This can be your student/staff ID card, driver's licence, passport etc			
<u>STAFF USE ONLY</u>			
Identification provided to confirm this is a legitimate request from the above named individual is as follows:			
<i>[employee processing this form to include details of ID provided e.g. type, number, etc.]</i>			
Form to be retained securely by area dealing with request until end of individual's relationship with University + six years			