

**EDINBURGH NAPIER UNIVERSITY**

**DATA PROTECTION LEGISLATION**



**PERMISSION TO DISCLOSE SENSITIVE PERSONAL DATA**

**(Please print in capitals)**

<b>Full Name</b>			
<b>Contact Address</b>			
<b>Postcode</b>		<b>Course*</b>	
<b>Matriculation number*</b>		<b>Staff number*</b>	
<b>I consent to the following sensitive personal data about me being disclosed - give explicit details:</b>			
<b>For these purposes - give explicit details:</b>			
<b>To these persons - give names &amp; roles:</b>			
<b>I understand that Edinburgh Napier University will process my sensitive personal data strictly in accordance with the Data Protection Legislation and that in an emergency my data may be disclosed to others without my consent for medical reasons or to protect my or another person's vital interests. I hereby give my consent to the disclosure of my personal data for the above purposes, to the persons named.</b>			
<b>Signed</b>		<b>Date</b>	
<b>Identification provided to confirm this is a legitimate request from the above named individual e.g. production of student/staff ID card, driver's licence, etc. is as follows: [employee processing this form to include details of ID provided e.g. type, number, etc.]</b>			

\*delete as appropriate

Governance Services / Aug 2018

**Form to be retained by processing team for the period: current academic year + 6 years**