**REQUEST FOR DISCLOSURE OF PERSONAL DATA**

Data Protection Act 2018 Schedule 2 Part 1 5(3)

(Required by law/court order or necessary for legal proceedings)

Complete this form and email to Disclosurerequests@camden.gov.uk

Please note there is no obligation on the council to disclose information under this provision.

**SECTION 1 - REQUESTER DETAILS**

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|  Requester Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Organisation Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_& Address: (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Post code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***Please √ tick as appropriate***: 1. I am a private individual acting on my own behalf [ ]
2. I represent a client(s) [ ]
3. Other (please state) [ ]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**SECTION 2 – DATA SUBJECT DETAILS**

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| **Name of the person you are seeking information about**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Information being requested***: |

**SECTION 3: JUSTIFICATION FOR DISCLOSURE**

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| ***Please check your reason for application***: 1. In existing legal proceedings [ ]
2. For prospective legal proceedings [ ]
3. To obtain legal advice [ ]
4. To establish, exercise or defend a legal right [ ]

***Please detail the proceedings, advice or legal rights that you are intending to establish, exercise or defend.*** |

|  |
| --- |
| *We will only consider disclosing information which is* ***necessary*** *to your case.* ***Detail why the information is necessary.*** *Please note:* ***there is no obligation on the council to disclose information***.  |

**SECTION 4: AUTHORISATION**

I confirm that the information requested is necessary for the purposes described in this application.

I confirm that any information disclosed to me will not be used in any way which is incompatible with this purpose.

|  |  |
| --- | --- |
| Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Dated: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ |