

AUTHORITY TO DISCLOSE INFORMATION

(not to your Landlord or their Agent)

UNDER THE DATA PROTECTION ACT 1998 WE MUST HAVE WRITTEN AUTHORITY TO DISCUSS YOUR BENEFIT CLAIM WITH SOMEONE ELSE SUCH AS A RELATIVE OR FRIEND.

TO ENABLE US TO SPEAK TO SOMEONE ELSE ABOUT YOUR CLAIM COULD YOU PLEASE FILL THIS FORM IN AND RETURN IT TO US.

PLEASE COMPLETE IN CAPITALS:-

CLAIM REFERENCE: 2 _ _ _ _ _

I, _____
(INSERT NAME OF BENEFIT CLAIMANT)

OF _____
(INSERT ADDRESS OF ABOVE NAMED)

**AUTHORISE PETERBOROUGH CITY COUNCIL TO DISCLOSE
INFORMATION RELATING TO MY BENEFIT CLAIM**

TO _____
(INSERT NAME OF THIRD PARTY)

OF _____

(INSERT ADDRESS OF THIRD PARTY)

WHO IS MY _____
(STATE RELATIONSHIP: i.e. RELATIVE/FRIEND)

DAYTIME TEL NUMBER _____

EMAIL ADDRESS _____

**HE/SHE IS AUTHORISED TO ACT AS AN AGENT ON MY BEHALF FOR
* THIS OCCASION ONLY / FOR ALL ENQUIRIES. (*DELETE AS APPROPRIATE)**

SIGNATURE: _____ **DATE:** _____

(Note: this authority will continue unless you choose to cancel it)