

Authorization of another person to request personal information relating to you from Norfolk County Council under the terms of the Data Protection Act 2018

Please complete this form and give it together with proof of your identity (e.g. a copy of your passport, birth certificate or official document bearing your signature) to the person you authorize to make a request for personal information on your behalf.

Your details (you are the 'data subject' – the person whose personal information is requested)	
First Names:	
Surname:	
Date of Birth:	
Address:	
Postcode:	
I authorize the person below to request and receive personal information relating to me.	
Signature:	Date:

Details of the person authorized to request and receive my personal information
Full Name:
Company (if applicable):
Address:
Postcode: