I, (full name) _____, give the following representative authority to act on my behalf in connection with my Subject Access Request to Kent County Council:

Name of Representative:_____

Organisation (if applicable):_____

Address:_____

Email: _____

Telephone:_____

I authorise Kent County Council to:

- communicate with my representative about my Subject Access Request;
- discuss with them any matters necessary to clarify, locate or process the personal information covered by my request; and
- provide my representative with the personal information disclosed in response to my Subject Access Request.

I understand that the information disclosed may contain personal and sensitive information about me.

Signed: _____

Date: _____

Address: _____

Date of Birth: _____