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**DATA PROTECTION: CONSENT FOR THIRD PARTY REPRESENTATION**

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| Full name of applicant: ……………………………………………………………………………….  Date of birth: ……………………… Student number (if applicable): …………………………….  Address: ……………………………………………………………………………………………….  …………………………………………………………………………………………………………..  ………………………………………………………………………………………………………  Telephone: ………………………………………… Email: ………………………………………..  I hereby give my consent for the following named person (name of third party) :  ……………………………………………………………………….. …………………………………  to act on my behalf in relation to (detail and nature of business, i.e. complaint, academic appeal etc):  …………………………………………………………………………………………………………  …………………………………………………………………………………………………………  and authorise UWE to disclose to him/her/them any personal data (including special category personal data) about me held by UWE, subject to the following restrictions [please insert as necessary]:  ………………………………………………………………………………………………………….  ………………………………………………………………………………………………………  Signed (applicant): ………………………………………….. Date: ……………………………. |