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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: ……………………………. |