**Police and Section 29 Information Disclosure Request Form**

**Please send completed forms to:-**

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| **Section 1. Details of Person requesting disclosure information** |
| **First name(s):** |  | **Last name:** |  |
| **Job title:** |  |
| **Organisation:** |  |
| **Address:** |  |
| **Postcode:** |  | **Telephone:** |  |
| **Email:** |  |
| **Section 2. Data Subject (Current Details)** |
| **First name(s):** |  | **Last name:** |  |
| **Address:** |  |
| **Other identifying details** |  |
| **Consent** - Has the Data Subject provided consent to the request? Depending on the age and mental capacity of a child data subject, we will require parental consent or that of an adult with legal guardianship.  |
| Please provide copies of consent. |
| **Section 3. Specific Information Required** - Give details of the specific information you require about the data subject for the purpose stated in section 4 of this form.  |
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| **Section 4. Reason for requesting disclosure e.g. details of allegations or offences** |
| **Offence(s)** – Give brief details of the offence or subject of investigation.  |
|  |
| **Statutory powers –** Please state the statutory power(s) under which information is being requested e.g. Police and Criminal Evidence Act. Include details of relevant section within the legislation. DO NOT cite Section 29 of the Data Protection Act 1998.  |
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| Purpose – please state the purpose for requesting disclosure of personal information about the data subject specified in section 2 of this form. Please tick one box  |
| Prevention or detection of crime |  |
| Apprehension or prosecution of offenders |  |
| Assessment or collection of tax, duty or imposition of a similar nature |  |
| **Reason** – Briefly describe why the requested information is necessary to achieve your declared purpose.  |
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| **Please advise if unable to specify offence due to risk of prejudicing the case** |
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| **Section 5. Information Provision** |
| If we hold the information and approve the request for disclosure we would prefer for this information to be collected in person (Proof of Identification will be required when collecting). We will notify you in writing if we do not hold information or your request for disclosure is refused |
| Section 6. Declaration and authorisation - The authorising officer must be of the rank of police inspectoror higher, or for other ‘relevant bodies’ a senior officer/manger. |
| I certify that:* Information requested is compatible with the stated purpose (section 4) and will not be used in anyway incompatible with that purpose
* Non-disclosure would prejudice the case
* I understand information given on this form is correct
* I understand that if any information given on this form is incorrect, I may be committing an offence under Section 55 of the Data Protection Act, 1998
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| **Signed (Requestor):** |  | **Date:** |  |
| **Signed by Requestor’s Authorising Officer** |
| **First name :** |  | **Last name:** |  |
| **Job title:** |  |
| **Signed:** |  | **Date:** |  |
| **FOR SCHOOL USE ONLY**  |
| **Request Approved:** |  Yes / No | **Reason for refusal:** |  |
| **Request approved by:** |  |
| **Signed:** |  | **Date:** |  |
| Requests must be logged on the School Data Protection Requests Matrix. |