

## Third Party Authorisation for Access to Records

Must be accompanied by Freedom of Information application form

(Please type or write in block capitals)

### 1. Details of data subject (person to whom the records requested relate)

First name:	<input type="text"/>	Surname:	<input type="text"/>
Address:	<input type="text"/>		
Telephone:	<input type="text"/>		
Email:	<input type="text"/>		

### 2. Details of third party requester

First name:	<input type="text"/>	Surname:	<input type="text"/>
Company/organisation (if applicable):	<input type="text"/>		
Address:	<input type="text"/>		
Telephone:	<input type="text"/>		
Email:	<input type="text"/>		
Please describe your relationship with the data subject:	<input type="text"/>		

### 3. Authorisation (to be completed by the Data Subject)

I hereby authorise the Mental Health Commission (MHC) to furnish the above named third party with my personal information as requested on the attached Freedom of Information application form	
Signed:	Date:

#### 4. Proof of identity

Before access to personal information can be given, the following proof of identification is required:

- a copy of the data subject's identification bearing his/her name in full and photograph (for example, passport, driver's licence, etc.)

**and**

- proof of the data subject's address (for example, the top of a utility bill bearing both his/her name and address) – this must be less than 6 months old

**A copy of the identifying documentation accompanies this form:    Yes        No**

#### 5. Declaration (to be completed by third party requester)

I declare that all the details I have given in this form are true and complete to the best of my knowledge.

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**Once completed, please send this form together with Freedom of Information application form to:**

*By post:*

Freedom of Information Officer,  
Mental Health Commission,  
Waterloo Exchange,  
Waterloo Road,  
Dublin 4, D04 E3W7

*By email:*

[DPFOI@mhcir.ie](mailto:DPFOI@mhcir.ie)