

Third Party Authorisation for Access to Records

Must be accompanied by Data Subject Access Request 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 to 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 Data Subject Access Request 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 Data Subject Access Request form to:

By post:

Data Protection Officer,
Mental Health Commission,
Waterloo Exchange,
Waterloo Road,
Dublin 4, D04 E3W7

By email:

DPFOI@mhcirl.ie