



ABERDEEN
CITY COUNCIL

CONSENT TO DISCLOSURE OF PERSONAL DATA

I (NAME) _____

Date of Birth: _____

Address: _____

CONSENT TO PERSONAL INFORMATION ABOUT:

Tick

my housing tenancy/application

Detail: _____

my Council Tax/Housing Benefit account

Detail: _____

my Social Work records

Detail: _____

Other

Detail: _____

BEING DISCLOSED TO (NAME) _____

THEIR RELATIONSHIP TO YOU

(e.g. Mother, father, son, daughter,
MP, MSP etc)

Signature: _____

Date: _____