

# One Staffordshire Information Sharing Protocol

## Decision to disclose information form

Date of Request:

Ref: (internal use only)

Protective Marking:

### 1. Requester Information:

Designated Requesting Officer Name:

Designated Requesting Officer Position:

Organisation:

Address:

Telephone Number:

Secure Email Address:

### 2. Subject of Disclosure Request:

<p><b>Name:</b></p> <p><b>Date of Birth:</b></p> <p><b>Address:</b></p> <p><b>Unique Reference Number (if known) i.e. NINO:</b></p> <p><b>Date from which relevant information is sought:</b></p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**3. Summary of Specific Information Requested:**

<p><b>Summary:</b></p>
------------------------

**4. Purpose for requesting/Legal Grounds for disclosure**

<p><b>Purpose:</b></p>
------------------------

<p><b>Decision to share (Yes/No):</b></p>
-------------------------------------------

**5. Reason for disclosure/Non disclosure**

**Reason:**

**6. Information provided:**

**Information:**

**Date of disclosure:**

**Designated Authorising Officer:**

**Designated Authorising Officer Position:**

**Designated Authorising Officer Signed:**