

One Staffordshire Information Sharing Protocol

Decision to disclose information form

Date of Request:	Ref: (internal use only)
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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:

Name:

Date of Birth:

Address:

Unique Reference Number (if known) i.e. NINO:

Date from which relevant information is sought:

3. Summary of Specific Information Requested:

4. Purpose for requesting/Legal Grounds for disclosure

Decision to share (Yes/No):

5. Reason for disclosure/Non disclosure

6. Information provided:

Date of disclosure:

Designated Authorising Officer:

Designated Authorising Officer Position:

Designated Authorising Officer Signed: