

**Data Protection Act 2018**

**Personal Data Request DPA Sch2(2) Form**

# Requestor

|  |  |  |  |
| --- | --- | --- | --- |
| **First name(s):** |  | **Last name:** |  |
| **Job title:** |  | | |
| **Organisation:** |  | | |
| **Address:** |  | | |
| **Postcode:** |  | **Telephone:** |  |
| **Email:** |  | | |

1. **Data subject**

## Current details

|  |  |  |  |
| --- | --- | --- | --- |
| **First name(s):** |  | **Last name:** |  |
| **Address:** |  | | |

**Other identifying information**



1. **Specific information required**
2. **Reason for requesting disclosure**

**Offence(s)**

* Unable to specify offence due to risk of prejudicing the case

**Statutory powers** (eg Sexual Offences Act, Prevention of Crime Act etc)

## Purpose

State the purpose for requesting disclosure of personal information about the data subject specified in section 2 of this form.

Select one option

* Prevention or detection of crime
* Apprehension or prosecution of offenders
* Assessment or collection of tax, duty or imposition of a similar nature

# Information provision

Unless there is a reasonable justification, all information will be provided in electronic format.

We will notify you if we do not hold information or your request for disclosure is refused

# Declaration and authorisation

The authorising officer **must be of the rank of police inspector or higher**, or for other ‘relevant bodies’ a senior officer/manger. In the case of an inspector not being available at your location, we will accept an email from an inspector (or higher ranking officer) attaching this paperwork and confirming their approval. **We do not accept typed signatures**.

## Declaration

I certify that:

* Information requested is compatible with the stated purpose and will not be used in anyway incompatible with that purpose
* Non-disclosure would prejudice the case
* I understand information given on this form is correct
* I understand that if any information given on this form is incorrect, I may be committing an offence under the Data Protection Act 2018

## Requestor

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **Date:** |  |

**Authorising Officer**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First name:** |  | **Last name:** |  | | |
| **Job title:** |  | | | | |
| **Signed:** |  | | | **Date:** |  |

**Where to send your request**

Please note: If the form has not been fully or properly completed and authorised you will be asked to re-submit your application.

Send this form to:

**Email:** [**accessinformation@staffordshire.gov.uk**](mailto:accessinformation@staffordshire.gov.uk)

## Postal address:

Ruth Simmons

Access Team – Corporate Services Staffordshire County Council

Staffordshire Place 1 – Fourth Floor

Tipping Street

Stafford ST16 2LP

**Fax:** We do not accept faxes