



Authority Form

AUTHORITY TO DISCLOSE PERSONAL DETAILS

Please be aware this authority will only apply to this particular area of business and for a specific enquiry and cannot be used for any future enquiries.

Form to be completed by the DWP customer

Part A: Your details

We must be sure that we are releasing information about the right person. Please tell us the following information. We may ask you for further proof of identity or address details.

Full name:
Previous name(s) (if applicable):
Date of birth:
National Insurance number:
Full address (including postcode): <div style="text-align: right;">Postcode:</div>
Address, if different Please tell us about previous addresses (including postcode):

Part B: Third party details

We must ensure we are providing your information to genuine organisations. Please tell us the following information. We may undertake additional checks if further verification is required.

Contact name(s):
Name of Organisation or MP:
Full address (including postcode): <div style="text-align: right;">Postcode:</div>
Telephone Number:

Part C: Information to be disclosed

Consent must be given freely, unambiguously and in an informed way.

You must state clearly below the information you are happy for Jobcentre Plus/DWP to disclose to a third party. For example; disclose all information in relation to details about my claim, a disputed sanction/decision or a customer service issue/complaint.

Consent does not last indefinitely, but covers a particular query or piece of business. A separate authority will be required for further enquiries

Information to be disclosed:
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Part D: Declaration

I declare that the information I have provided above is correct.

I confirm that I am happy for details regarding my benefit claim to be disclosed to the above third party

Signed:
Print Name:
Date: