



Police and Enforcing Bodies Disclosure Request

Please send completed forms to: - Data Protection Officer, F6 Old Building, Bradford College, Great Horton Road, Bradford. BD7 1AY

Section 1. Details of	Person requesting disclosure	information	
First name(s):		Last name:	
Job title:			
Organisation:			
Address:			
Postcode:		Telephone:	
Email:			
Section 2. Data Sub	ject (Current Details)		
First name(s):		Last name:	
Address:			
Other identifying			
details			
	Subject provided consent to the request? Dep at of an adult with legal guardianship.	ending on the age and	mental capacity of a child data subject, we will
Please provide copies			
		of the specific informat	ion you require about the data subject for the
purpose stated in section 4 of	this form.		
Section 4. Reason fo	or requesting disclosure e.g. de	etails of allegati	ons or offences
Offence(s) – Give brief	details of the offence or subject of investigation	on.	
_			
Statutory powers — RAct. Include details of relevan	Please state the statutory power(s) under whi t section within the legislation.	ch information is being	requested e.g. Police and Criminal Evidence
Purpose – please state form.	the purpose for requesting disclosure of person	onal information about	the data subject specified in section 2 of this Please tick one box

Prevention or dete	ction of crim	е						
Apprehension or prosecution of offenders								
Assessment or col	lection of tax	k, duty or imposition	n of a sin	nilar nature				
Reason – Briefly describ	e why the reques	sted information is necess	ary to achie	eve your declared	purpose.			
Please advise if unable to specify offence due to risk of prejudicing the case								
Section 5. Information Provision								
If we hold the information collected in person (Finformation in an endrequest for disclosure	Proof of Iden crypted formatic	tification will be red	quired w	hen collecting	g) or we wi			
Section 6. Declarati or higher, or for other 'releva			orising offic	er must be of the	ank of police in	nspector		
anyway incompNon-disclosureI understand in	patible with the would prejude formation givents of the contraction of	dice the case ven on this form is rmation given on th	correct		ŕ			
Signed (Requestor):				Date:				
Signed by Requesto	or's Authori	sing Officer						
First name :				Last name:				
Job title:								
Signed:				Date:				
FOR BRADFORD C	OLLEGE GR	ROUP USE ONLY						
Request Approved:	Yes / No	Reason for refusal:						
Request approved by:								
Signed:				Date:				
Requests must be lo	gged on the	Bradford College [DSAR R	egister.				