

Authority to Disclose and Share Information

I/We*(state full name of each person giving consent)

.....
.....

Of (state address)

.....
.....

Hereby authorise Housing to discuss with and disclose to (insert name of person or agency being authorised)

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Any information that it holds in respect of (state the subject matter i.e. housing application/transfer)

.....
.....

Signed

.....

Print Name:

Print Name:

Date:

*delete as appropriate



“How we collect and use information

Housing processes personal information in order to carry out the functions of the Committee for Employment and Social Security that relate to the provision of accommodation. Information collected will depend on your business with us, but will be no more than is required for that purpose. We may get information about you from others for any of our purposes if the law allows us to do so. We will share information with the Guernsey Housing Association to the extent necessary to discharge our responsibilities as co-provider of social rented, sheltered and extra care housing. Any personal information you give to us will be processed in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2001. If you wish to know more about the information we have about you, or about the way we use it, you can ask at the Office *for* Employment & Social Security.”