**Disclosure of 3rd party records request form (Non - Police)**

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| --- | --- |
| **Details of client whose records to be accessed** | |
| Name of Client: |  |
| Current Address: |  |
| Date of Birth: |  |
| Is the client currently involved with Social Services? |  |
| If Yes please provide contact details of allocated social worker (Name/Address/Telephone/Email Address). |  |
| Has signed consent from the client to view their records been obtained? |  |

|  |  |
| --- | --- |
| **Details of Requester** | |
| Name and Job Title: |  |
| Organisation: |  |
| Work Address: |  |
| Email address: |  |
| Telephone Number: |  |
| Relationship to client: |  |
| Outline purpose/reasons wanting to access clients records held by LBB: |  |

**Requester’s Name (Please Print):**

**Signature:**

**Date:**