



Authority to Share Personal Information

I ....., give permission for.....(Name) to see all my personal information held on my file The Boswells School in regards to an application under the Data Protection Act 2018.

Signed.....Date.....

Please return this form to:

Mr S Mansell  
The Boswells School  
Burnham Road  
Chelmsford  
Essex  
CM1 4XL