

Racist Incident Referral and Support Service

Inter-agency Release of Information Form

Client Name: _____ D.O.B. _____

Address:

Agency: _____

I (name) _____ give my consent to the key personnel staff /volunteer and/or her/his agency to release the following Information:

to the following agency/service provider:

Note:

Information passed on to the above agencies must not be passed on to further Organisations without my expressed consent.

I have been made aware of, and understand, my rights under Freedom of Information Act, 1997 and the Data Protection Act, 1988.

This release is valid for six months from the date of my signature below. It may be rescinded at any time upon my request to the key personnel staff/volunteer or and her/his agency.

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____