**Information Access Request Form**

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| Pupil / Individual Name |  |
| DoB |  |
| Date info requested |  |
| Who was the requester? |  |
| How were they positively identified? |  |
| What information was requested? |  |
| Basis for the request? |  |
| Was information disclosed? Yes No |  |
| Reason for decision |  |
| What was disclosed? |  |
| If CP or Criminal concern is this whole record confidential? Give reasons and make clear on system |  |
| Authorisation by |  |
| Date |  |
| Staff member(s) |  |