



Authorisation form for Social Security Scotland to share information with a third party

By completing this form, you are giving Social Security Scotland permission to share certain information with the stated person or organisation, even when you are not present.

This might be helpful if you feel unable to:

- find the information you need
- understand things about your application.

You can do this at any point during your application, or while you are getting assistance.

Once you have completed this form, we will allow your chosen representative to:

- have access to relevant information about you
- provide us with information that will help your application.

Your details

Your first name

Your surname

Date of birth

D,D M,M Y,Y,Y,Y

National Insurance number (if you know it)

Address

Postcode

Information to be shared

I authorise Social Security Scotland to share personal and financial information with the named person or organisation below, in relation to the benefits below:

Benefit names

I would like the named person or organisation below to help me with my: (tick all that apply)

application

change of circumstance

re-determination

appeal

other (please describe below)

Your representative

Please tick to confirm the named person or organisation is happy to be your representative:

I confirm that I have discussed this with the named person or organisation and they have agreed that Social Security Scotland can hold their information.

Complete one section only

Complete this section if an individual will be helping you

I authorise Social Security Scotland to share the information specified with:

Full name

Relationship

to you*

*The representative could be a family member, friend, carer or other professional.

Complete this section if an organisation will be helping you

I authorise Social Security Scotland to share the information specified with:

Name of

organisation

Contact person

in organisation*

*Optional: you do not need to specify a certain person from the organisation.

Duration of authorisation

Authorisation lasts for 3 months, unless you set a date earlier than this.

My authorisation should last until: D₁D₂ M₁M₂ Y₁Y₂Y₃Y₄

Further information

Tell us any further information below

DRAFT

Declaration

By ticking the box below and signing this form, you confirm you authorise us sharing information with the named person or organisation.

I confirm that Social Security Scotland has my authorisation to share my information with the named person or organisation.

I understand I can withdraw this authorisation at any time. I also understand that my representative can withdraw their support at any time.

Signed:

(Client, appointee or legal representative)

Date D₁D₂ M₁M₂ Y₁Y₂Y₃Y₄

DRAFT