

Third party access



Use this form to provide **express consent** from an individual to the State Library to interact with a nominated third party in relation to the collection, use or disclosure of the individual's personal or health information.

If the information is collected in person, the authorised third party will need to provide **proof of identity** such as: current passport; current driver's licence; current pension card.

The personal information on this form will be used to verify the identity of the individuals concerned, contact the individuals if necessary and liaise between the individuals and the State Library.

A. APPLICANT'S DETAILS:

Full name:			
Address:			Postcode:
Email:			
Telephone:			

B. PROOF OF IDENTITY:

To protect privacy we will not accept a request for third party access without proof of identification. Please attach a certified copy (**do NOT send originals**) of one of the following:

current passport
 current driver's licence
 current pension card
 other proof of signature and address details (specify)

D. THIRD PARTY DETAILS:

Full name:			
Address:			Postcode:
Email:			
Telephone:			

E. APPLICANT'S EXPRESS CONSENT:

I, (enter full name of applicant)

authorise (enter full name of third party)

to act on my behalf in relation to the following matter(s) (specify the purpose of this consent)

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.....

This consent will remain in force until it is rescinded or amended by the applicant, or
 until (specify date):

Applicants signature:	Date: /..... /.....	Authorised third party signature:	Date: /..... /.....
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Post, email or deliver this form to: Privacy Contact Officer, State Library of NSW, Macquarie St Sydney 2000
 Email: privacy@sl.nsw.gov.au

Administrative use only:	Date received:	File number:
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