

CONSENT FOR RELEASE OF GP RECORDS

(Please complete in Block Capitals and return in envelope provided)

Full Name:

Date of Birth:

Address:

Accident Date:

Telephone No's:

Name of G.P:

Home Mobile

Address:

I consent to the disclosure of my GP records and duly authorise you to send them to my solicitors Benjamin Solicitors Limited trading as Integrity Law of 340 Blackpool Road, Preston, PR2 3AA or any agent they may nominate on my behalf.

I confirm that there is no action contemplated against the GP, it's servants or agents or employees. Access to the information is requested under The Data Protection Act 2018.

Signed:

Dated: