

DATA CONSENT FORM

By completing this form you are giving the office of Jo Churchill, MP for the Bury St Edmunds Constituency permission to make enquiries on your behalf.

I	(please add your full name in this box)
(Please detail who you are giving us permission to contact on your behalf, eg NHS, DWP, UKVI, Local Authority or other department) Give permission to the office of Jo Churchill MP to make enquiries on my behalf with:	
(Please detail the issue or problem you are seeking to get help with along with what has happened so far and what you are hoping to achieve. Please write on the reverse of this form if extra space is needed) About the following issue:	
Please attach copies of any documents or paperwork that you think would be helpful to us in making this enquiry on your behalf. Please do not send original documents.	
Please note you can withdraw your consent at any time either in writing or verbally.	

Signed:	(please sign here)
Date:	

Signed and dated as actioned by the Office of Jo Churchill MP	(office use only)
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