

Date:

Data Subject Access Request (DSAR) Authorisation Mandate

Client Full Name: *SONN WILLIAM REES*

Date of Birth: *17/11/1962*

Current Address:

15, GROVELAND PLACE, READING, RG302LG

Subject: Authorisation to Act – Data Subject Access Request (DSAR)

I, the undersigned, hereby authorise [Insert Name of Legal Firm or Representative] to act on my behalf in submitting a Data Subject Access Request (DSAR) under the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018.

I consent to the release of any personal data held by your organisation that may relate to:

- My time in care, including placement records, case notes, and correspondence
- Any documentation referencing trauma, abuse, neglect, or institutional involvement
- Any interactions with social work, health services, education, or legal authorities

This authorisation permits Aiker Legal Limited to:

- Submit a DSAR on my behalf
- Receive copies of my personal data
- Communicate with your organisation regarding the scope and fulfilment of the request

I understand the sensitive nature of these records and confirm that this mandate is issued voluntarily and with full consent. This authorisation remains valid for 12 months from the date of signing unless revoked in writing.

Signed:



Print Name:

SONN WILLIAM REES

Date:

22/12/25