|  |  |  |
| --- | --- | --- |
| **Consent for third party representation** | | |
| **Full name of tenant(s)** |  | |
| **Address of tenant** |  | |
| **Date of birth of tenant** |  | |
| **Telephone** |  | |
| **Email** |  | |
| **I hereby authorise (full name of third party)**  **To act on behalf in relation to:**   |  |  | | --- | --- | | **Housing** | **🞎** | | **Arrears and rents** | **🞎** | | **Anti-social behaviour** | **🞎** | | **Complaints** | **🞎** |   **And hereby give my consent to Hexagon Housing Association to disclose to him/her/them any information including personal data about me held by Hexagon Housing Association for the purposes of the functions ticked above, subject to the following restrictions (if any)**  ***I understand that I can cancel this consent at any time*** | | |
| **Signed (tenant):** | | Dated: |