

Concessionary Library Card - Under 18's application form

Dear Library Staff,

This is to confirm that the person named below is disabled and as a result, eligible for a concessionary card from the library.

Name of person applying for Concessionary Library Card:
Name of Head Teacher/Doctor:
Signature of Head Teacher/Doctor:
School/Surgery Stamp:
Date:

Southampton City Council Privacy Notice

Southampton City Council is collecting this information in order to perform this service or function, and if further information is needed in order to do so, you may be contacted using the details provided.

In performing this service, the Council may be required to share your information with other organisations or departments, but it will only do so when it is necessary in order for the service to be provided.

The Council may also share your personal information for the purposes of the prevention, investigation, detection, or prosecution of criminal offences, but will not share your personal information, or use it for this, or any other purpose, unless provided for by law.

More detailed information about the Council's handling of your personal data can be found in its privacy policy, available online (<http://www.southampton.gov.uk/privacy>), or on request.

