



**PERCENTAGE DISABLEMENT REVIEW – CONSENT TO  
RELEASE NON MEDICAL INFORMATION TO SELECTED  
MEDICAL PRACTITIONER**

I hereby give permission for the Police Service of Northern Ireland to release to the Northern Ireland Policing Board all relevant non-medical evidence that relates to my disablement review so that they can forward it to the Selected Medical Practitioners.

Please tick appropriate box.

YES

NO

<b>Signed</b>	_____
<b>Former Rank</b>	_____
<b>Service Number</b>	_____
<b>Date</b>	_____

**All information should be returned to Northern Ireland Policing Board Administration Branch, Floor 4, Waterside Tower, 31 Clarendon Road, Belfast BT1 3BG and will be treated in strict confidence**

**Any information obtained as a result of this consent will only be used for the determination of your disablement review and only disclosed to those involved in this process.**

**All personal information held by the NIPB is processed in accordance with the Data Protection Act 1998**