FORM ATI 3

(r. 14))

REPUBLIC OF KENYA

ACCESS TO INFORMATION ACT, 2016

ACCESS TO INFORMATION (GENERAL) REGULATIONS, 2023 CONSENT TO DISCLOSURE OF A

RECORD CONTAINING PERSONAL INFORMATION

PART I – to be completed by person giving consent

TO:
(name of the public entity or private body from which access is being requested)
1. Iof
(name of person to whom record relates) (address)
am aware of the information request made by
(name of requester)
on
contain personal information relating to me.
2. I hereby give consent to disclosure of my personal information to
(name of requester)
3. I acknowledge and understand that
(public entity or private body from which access is being requested)
is not liable for any use that is made of the personal information once it is disclosed in accordance with this request, and hereby consent to disclosure of the record.
Signature: Date:
Print name:

Guidance on access to information and consent to disclosure can be found at www.ombudsman.go.ke or by contacting the Commission on Administrative Justice at:

P.O. Box 20414 - 00200 NAIROBI

Tel: +254-20- 2270000 /2303000 / 2603765 / 2441211 / 8030666

Email: info@ombudsman.go.ke / complain@ombudsman.go.ke

PART II – to be completed by I	nformation Access Officer (or designate)
Date Received [STAMP]	
Signature of Information Access	Officer:
Date:	20