

Your name

Your address

Your date of birth

GP/surgery name

Address

Date

Dear *Dr...../Practice manager (delete as applicable)*

For the purposes of Firearms License application, please could I have a copy of my complete medical records, including all free text and correspondence, for the past 5 years/10 years/my entire record (*delete as applicable*). I would like the complete record (or access to) please and not a summary, which is not adequate for these purposes.

This could be an either as online access, an electronic copy/pdf or on paper. (if you have no computer ask for paper, if you have a computer ask for electronic if possible)

I understand I am entitled to these for no charge under the 2018 GDPR regulations within 28 days of this application.

Also, that I can apply to The Information Commission if you are not able to help me in this regard.

Thank you for your help.

Yours Sincerely

signature