



Letter of Authority

Authorisation to Act in Relation to Data Subject Access Requests

Full Name	Lisa Fallon
Date of Birth	01/09/1977
Previous Names (if any)	
Current Address	56 Croy Road Coatbridge Scotland ML5 5JG
Previous Address (relevant to care placements)	
Mothers Name:	
Fathers Name:	

Authorised Representative

Firm Name	INS Law
Address	Building B, 23 Goodlass Road, Speke, Liverpool, England, L24 9HJ
Email	evidence@inslaw.co.uk
Telephone	0161 888 0830
Matter Reference	101146

Dear Sir/Madam,

I, Lisa Fallon , confirm that I have instructed INS Law to act on my behalf in relation to the exercise of my data protection rights, including my right of access under the UK General Data Protection Regulations and the Data Protection Act 2018. This authority is provided specifically in relation to my application to The Scottish Redress Scheme, providing authority to INS Law to obtain any and all information they deem necessary to progress my application.

I authorise INS Law, including its partners, directions, employees, consultants, agents, and authorised representatives, to:

1. Prepare, submit, and pursue Data Subject Access Requests on my behalf;
2. Correspond with you and communicate with you on my behalf in relation to any Data Subject Access Request or associated data protection matter;
3. Request confirmation as to whether you process my personal data;
4. Request access to, and copies of, my personal data and any supplementary information to which I am entitled under applicable data protection law;
5. Request information concerning the purposes of processing, categories of personal data processed, recipients or categories of recipients, retention periods, sources of data, and any automated decision-making or profiling, where applicable;
6. Provide, confirm, or clarify information reasonably required to identify me and locate my personal data;
7. Receive correspondence, disclosures, copies of personal data, explanations, schedules, electronic files, paper records, and any other response or material provided in connection with the request;
8. Correspondence with you regarding the scope, timing, format, completeness, or adequacy of any response;
9. Raise queries, challenge omissions, request clarification, request further searches, and pursue follow-up correspondence where necessary; and
10. Where appropriate, assist me in making complaints or representations to the Information Commissioner's Office or in taking any further steps arising from your response or failure to respond.

This authority applies to personal data held by you in any form, including paper records, electronic records, correspondence notes, call recordings, account records, internal records, case files, databases, emails, messages, audio recordings, CCTV footage, and any other records containing my personal data.

This authority extends to all personal data concerning me that you hold.

I request all correspondence and disclosure materials relating to any Data Subject Access Request be sent directly to INS Law using the contact details above, quoting reference

I further authorise INS Law to disclose any records, personal data, special category personal data, witness statements and application materials obtained on my behalf to independent Scottish solicitors or legal advisers where reasonably required for the purpose of advising me on any offer, award, review, reconsideration or statutory waiver under the Scottish Redress Scheme.

This authority remains valid from the date of signature, unless revoked by me in writing.

Signature	
Print Name	Lisa Fallon
Date	21/07/2026