1. **Requestor Information**

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| --- | --- |
| **Name of Requestor** |  |
| **Team/Department** |  |

1. **External Visitor and Request Information**

|  |  |  |
| --- | --- | --- |
| **Company Name or Institute Name** |  | |
| **External Customer Name, Email, Job Title** | * + 1. Name:     2. Email:     3. Job Title: | |
| * + 1. Name:     2. Email:     3. Job Title: | |
| **Disclosure Request Date/Period** | DD-MMM-YYYY to DD-MMM-YYYY | |
| **Requested Documents** | SOP  Form  Training Log |  |
| **Type of Document Access** | PDF  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Purpose of Disclosure** | Audit  Inspection  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

* It is recommended that the requestor submit ‘SOP & Training Log Disclosure Request Form’ to QA team via ISO Management System prior to SOPs/Forms/Training Log disclosure.
* Agreement to Collect and Use Personal Information’ (SSP-810-05) and ‘Non-Disclosure Agreement for SOP’ (SSP-810-06) should be acquired before the external customer access to the ISO Management System.

**Requested by:**

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|  |  |  |  |  |  |  |  |
| Name |  |  | Role |  | Signature |  | Date (DD-MMM-YYYY) |

**Approved by:**  Approved  Not Approved

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|  |  |  |  |  |  |  |
| Name |  | Role |  | Signature |  | Date (DD-MMM-YYYY) |