Request for Access to Records under the FOI Act 2014

PLEASE USE BLOCK LETTERS

Details of Applicant

Surname: ________________________________________________________________

First Name(s): __________________________________________________________

Postal Address: 

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Telephone Number(s) Home: ____________________________________________

Business: _____________________________________________________________

Mobile: ______________________________

Email Address: _________________________________________________________

Office Use Only

Date FOI Request Received

Personal Information

Before you are given access to personal information relating to yourself, you may be asked to provide proof of your identity.

Form of Access

My preferred form of access is:

(please tick as appropriate)

To receive copies of the records by post___ other _____________________ (please specify)
Details of Request
In accordance with section 12 of the FOI Act, I request access to records which are: (Please tick as appropriate) Personal [ ] Non-personal [ ] Mixed personal / non-personal [ ]

In the space provided please describe the records as fully as you can. If you are requesting personal information, please state precisely in whose name those records are held. You will not normally be given access to personal information of another person unless you have obtained the written consent of that person.

I request the following records:
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Signed: ____________________________________________________________

Date: ___________________________________________________________________

Please send your completed application form to:

Information Compliance Officer
Secretary’s Office
Trinity College Dublin, the University of Dublin
Dublin 2
Tel: (01) 896 2154
Email: information.compliance@tcd.ie