

Request for Amendment of Personal Information 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 **Details of Request** In accordance with section 9 of the FOI Act, I request amendment of personal information in records which are held by the University of Dublin, Trinity College. I claim that the record(s) desc<u>ribed</u> below conta<u>in(s)</u> personal information that is incomplete incorrect misleading (Please tick as appropriate.) The record(s) containing the information is (are):

The information which I believe is incomplete, incorrect or misleading is as follows:

The information which I want to appear on the record(s) is as follows:	
The reasons why I claim the information is incomplete, incorrect or misleadin	g are:
Please provide any additional information or documentation which would suppour claim. If there is insufficient space in this form please attach additional pages.	port
Signed:	
Date:	

Please send your completed application form to:

Sinead Mac Bride
Solicitor/Information Compliance Officer
Secretary's Office
Trinity College, Dublin 2
Tel: (01) 896 2154

Email: information.compliance@tcd.ie