



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