# University of Limerick ollscoil Luimnigh

## FREEDOM OF INFORMATION ACT 2014

# REQUEST FOR ACCESS TO INFORMATION

# 1. DETAILS OF REQUESTER (PLEASE USE BLOCK LETTERS)

Surname:		
First Name:		
Postal Address:		
Date of Birth:		
<b>Telephone Number(s):</b>		
Home:	Business:	
Mobile:	Email Address:	
2. FORM OF ACCESS		
My preferred form of access is: (please tick as appropriate)		
To receive photocopies:   To inspect the original record:		
Other format (Please specify):		
3. DETAILS OF REQUEST		
In accordance with (please tick as appropriate)		
Section 12 (access to records)		
Section 9 (amendment of personal information)		
Section 10 (reasons for decisions)		
If you are making a request for access to records under Section 12, please indicate if the records sought are of a personal or non-personal nature or a mix of both types:  Personal   Non Personal   Mixed		
Before you are given access to personal information relating to yourself you may be asked to produce your Staff/Student ID Card, if relevant, Birth Certificate, Driving Licence, Passport or other form of identity.		

### NOTES FOR COMPLETING THIS SECTION OF THE FORM

### a. If you require access to records (Section 12 Request):

In the space below, please **describe the records as fully as you can,** as this will assist the University's FOI Unit in dealing with your application. If you are requesting personal information, please state precisely in whose name those records are held. You will not normally be given access to the personal information of another person unless you have obtained the written consent of that person.

OR

### b. If you are requesting amendments to your personal records (Section 9 Request):

In the space below, please indicate which **information is incomplete, incorrect or misleading** and provide the correct version of same.

OR
c. If you are seeking a reason for decision (Section 10 Request): In the space below, please describe as fully as you can the decision or act of the University
which has affected you and about which your are making your request
If you require more space to complete your request please attach a page.
PLEASE SIGN HERE DATE:
Please send your completed application to:
Information and Compliance Office, Room A1-071, University of Limerick, Limerick
Telephone: 061 234393 Fax: 061 234316 E-Mail: foi@ul.ie

For Office Use Only	
Date Received:	Form of Identity Produced:
☐ Identity Verified	☐ Birth Certificate ☐ Passport
☐ Consent Confirmed	$\square$ Driving Licence $\square$ Other