



UNIVERSITY of LIMERICK
OLLSCOIL LUIMNIGH

DATA PROTECTION ACTS,
1988 AND 2003

**REQUEST FOR ACCESS OR
AMENDMENTS TO PERSONAL DATA**

1. YOUR DETAILS (PLEASE USE BLOCK LETTERS)

Surname: _____ **Former Surname** _____
(if applicable)

Forenames: _____

Postal Address: _____

Email Address: _____

Daytime phone nos: _____

If you have not lived at the above address during your association with the University please provide a previous address: _____

Status: (complete as applicable)

STUDENT **Current** **Former** **ID No:** _____

STAFF **Current** **Former** **Dept:** _____

OTHER **Please specify:**

2. DATA

I wish to have access to amendments made (tick appropriate box) to the data that the University has about me as described below:

SIGNATURE: _____ **DATE:** _____

The University must be assured of the data subject's identity before data is released and you may be required to provide proof of identity such as a driving licence, passport, student/staff ID card etc. Please return the completed form to:

Information and Compliance Office, Room A1-071, University of Limerick, Limerick

(or email your completed form to dataprotection@ul.ie)