



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:** \_\_\_\_\_

**Telephone Number(s):**

**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.

