

1. DETAILS OF REQUESTER (Please use block capitals)

Surname: _____ First Name: _____

Postal Address: _____

Tel. _____ Email address: _____

2. PERSONAL INFORMATION

Before you are given access to personal information relating to yourself, you may be asked to produce your Birth Certificate, Driving Licence, Passport or other form of identity. **A copy of the identifying document accompanies this Form: Yes [] No []** (please tick one).

3. 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): _____

4. DETAILS OF REQUEST

In accordance with Section 12 of the Freedom of Information Act 2014, I request access to records, which are:

(Please tick as appropriate) **Personal** **Non Personal**

(In the space provided **please describe the records as fully as you can**, as this will assist in dealing with your request. **If you require more space to complete your description of records please attach a page**). I request the following records:

PLEASE SIGN HERE _____ **DATE:** _____

Please send your completed application to:

**Information Officer, IADT,
Kill Avenue, Dun Laoghaire,
Co Dublin. A96KH79
Telephone: 01 239 4947 E-Mail: foi@iadt.ie**