

**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**