



University of Galway
Ollscoil na Gaillimhe
REQUEST FOR ACCESS TO RECORDS
Freedom of Information Act, 2014

1. DETAILS OF REQUESTER (PLEASE USE BLOCK LETTERS)

Surname: _____

First Name: _____

Postal Address: _____

Telephone Number(s):

Home: _____ **Business:** _____

Fax No: _____ **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 11 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 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. **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:

**Freedom of Information Office
Room A009 Quadrangle
Building
University of Galway
University Road
Galway
E-Mail: foi@universityofgalway.ie**

For Office Use Only

Date FOI Request Received _____

Identity Verified

Consent Confirmed

Form of Identity Produced:

Birth Certificate

Driving Licence

Passport

Other: _____