

**Request for Access to Records under the Freedom of Information Act, 1997**

For the Attention of FOI Officer, Department of Health, Hawkins House, Dublin 2

**Please use BLOCK letters**

Details of applicant

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Numbers & Email

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Email: \_\_\_\_\_

Office Use Only

Date FOI Request Received: \_\_\_\_\_

Application Fee Received: \_\_\_\_\_

Identity Verified: \_\_\_\_\_

Consent Confirmed: \_\_\_\_\_

Personal Information

*You will not normally be given access to personal information of another person unless you have obtained the written consent of that person. If you are requesting personal information, please give any variations which may be relevant e.g. Murphy and O'Murchú. Before you are given access to personal information, the Department will require proof of identity.*

In accordance with section 7 of the FOI Act, I request access to records which are: (Please tick as appropriate)

Personal                       Non-personal (application fee required)

Form of Access

My preferred form of access is: (Please tick as appropriate)

To receive copies of the records by post  
 Other - please specify: \_\_\_\_\_

Details of Request

**I request the following records:** *Please describe the records as fully as you can*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_