

Request for Access to Records under the Freedom of Information Act, 2014

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: _____

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 12 of the FOI Act, 2014, 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:** _____