

ACCESS TO INFORMATION/FILES REQUEST FORM

If you are applying for personal data for yourself please complete Sections 1, 3 and 4. If you are applying for personal data on behalf of another person please complete sections 1, 2, 4 and ask the person, for whom you are applying for the data, to fill section 5. All completed forms must be sent by post to CEIST CLG, Summit House, Embassy Office Park, Kill, Co. Kildare, Eir Code: W91 VK0T.

1. DETAILS OF THE PERSON REQUESTING THE INFORMATION

Full Name: _____

Address: _____

Telephone Number: _____ Fax: _____

Email: _____

Please supply evidence of your identity, i.e., library card, driving licence, birth certificate (or photocopy).

2. If you are you acting on behalf of another person (third party), the written permission of that person must be enclosed.

DETAILS OF THIS PERSON:

Full Name: _____

Address: _____

Telephone Number: _____ Fax: _____

Email: _____

Please describe your relationship with this person that leads you to make this request for information on their behalf.



3. If you are applying for records on our own behalf only, list the records or information about yourself that you require to access:-

4. Declaration

I _____, certify that the information given on this application form is true. I understand that it is necessary to confirm my and the other person's (if applicable) identity and it may be necessary to obtain more detailed information in order to locate the correct information.

Signed _____ Date _____

Documents which must accompany this application are:

- i) evidence of your identity
- ii) evidence of the other person's identity (if different from above) and
- iii) evidence of the other person's consent to disclose this information to you.

Please note that we reserve the right to obscure or suppress information that relates to other third parties (under the terms of the Data Protection Acts).



5. CONSENT FORM TO OBTAIN INFORMATION FOR ANOTHER PERSON (THIRD PARTY) MUST BE SIGNED BY THE THIRD PARTY

NAME: _____

ADDRESS: _____

I give permission to _____ to access the following records/information on my behalf:

SIGNATURE: _____

DATE: _____

OFFICE USE ONLY

Request received: _____

Notes: _____

Date Completed: _____

