

## Access to Information/Files Request Form

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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 C&IST 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: \_\_\_\_\_

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

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

2. If you are 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: \_\_\_\_\_

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

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

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



**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:

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

Date Completed:

\_\_\_\_\_