### Request for Access to Records under the FOI Act

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| **Surname:** |  |
| **First Name:** |  |
| **Postal Address:** |  |
| **Home Tel No:** |  | **Business Tel No.** |  |

#### Please use BLOCK letters. Applications must be accompanied by appropriate fee.

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| In accordance with section 7 of the FOI Act, I request access to records which are:(Please tick as appropriate) |
| **Personal:** | **□** | **Non-personal:** | **□** |
| **NOTE:** Before you are given access to personal information relating to yourself you may be asked to provide proof of identity. |

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| In the space below, please describe the records as fully as you can. If you are requesting personal information, please state precisely in what name those records are held. You will not normally be given access to personal information of another person unless you have obtained the written consent of that person. |
| I request the following records: |
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| **My preferred form of access is:** |
| **To receive copies of records by post: YES/NO** |
| **Other please specify** |
| **Description:** |
| **Please sign here:** |
| **Date:** |

**Return to:**

The Freedom of Information (FOI) Officer Skillnet Ireland,

Fifth Floor, Q House,

76 Furze Road, Sandyford, Dublin 18,

D18 E268.

Tel: 01 207 9630

Email: **FOI@SkillnetIreland.ie**