

REQUEST FOR ACCESS TO RECORDS UNDER THE FREEDOM OF INFORMATION ACT, 2014

Details of Applicant (Please use BLOCK letters)

Surname: _____

First Name: _____

Postal Address: _____

Email Address: _____

Telephone Number (s):

Home: _____ Business: _____

Mobile: _____ Emergency: _____

Form of Access

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

- To receive copies of the record by post To inspect the original record
- Other format (please specify) _____

Details of Request (please tick as appropriate)

In accordance with **Section 12 of the Freedom of Information Act**, I request access to records which are:

- Personal Non-personal (please tick as appropriate)

Before you are given access to personal information relating to yourself you may be asked to produce your Birth Certificate, Driving Licence, Passport or other form of identity.

*In the space provided below, please describe the records as fully as you can. If you are requesting **Personal Information**, please state precisely, in whose 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: _____

Please sign here: _____ Date: _____

Please send your completed application form to:

Freedom of Information Officer
 Royal Irish Academy of Music
 36-38 Westland Row
 Dublin 2 D02 WY89
 Email: foi@riam.ie

For Office Use Only	
Date FOI Request Received	
Identity Verified	
Consent Confirmed	
Form of Identity Produced	Birth Certificate
	Driving Licence
	Passport
	Other (please specify)