

Application Ref No:

Health Service Executive
REQUEST FOR ACCESS TO RECORDS
Freedom of Information Act, 2014

1. Details of Requester (PLEASE USE BLOCK CAPITALS)

Surname	Maiden Name	First Name(s)
Address		
Date of Birth		
Telephone number:	E-mail:	

2. Personal Information (If request is for non-personal information, go to 3. below)

(a) Before you are given access to your personal information, you will need to provide proof of your identity. **A copy of the identifying document accompanies this Form:** [] Yes [] No (*tick one*)

(b) If you are requesting personal information in respect of another person, the consent of that person is also required. **A copy of this consent accompanies this Form:** [] Yes [] No (*tick one*)

3. My preferred Form of Access is: (*please tick one*)

(a) To receive photocopies [] (b) To inspect the original record []

(c) Other format [] (*Please specify*):

4. Signature & Date

Signed: _____ Date: _____

5. For Office Use Only

Date Received		Signed:
Date Acknowledged		Signed:
Identity Confirmed	[] Yes [] No	Signed:
Consent Verified	[] Yes [] No	Signed:
Access Granted	[] Yes [] No [] Partial	Date Signed:

