



**LIT**

LIMERICK  
INSTITUTE OF  
TECHNOLOGY

**FREEDOM OF INFORMATION ACT 2014**

**REQUEST FOR ACCESS TO  
INFORMATION**

**1. DETAILS OF REQUESTER (PLEASE USE BLOCK LETTERS)**

**Surname:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Telephone Number(s):**

**Home:** \_\_\_\_\_ **Business:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**2. FORM OF ACCESS**

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

To receive photocopies:  To inspect the original record:

Other format (Please specify):  \_\_\_\_\_

**3. DETAILS OF REQUEST**

In accordance with (*please tick as appropriate*)

**Section 12** (access to records)

**Section 9** (amendment of personal information)

**Section 10** (reasons for decisions)



PLEASE SIGN HERE \_\_\_\_\_ DATE: \_\_\_\_\_

Please send your completed application to:

**Freedom of Information Office, Limerick Institute of Technology,  
Moylish Park Campus, Limerick**

**Telephone: 061 208285      E-Mail:**

**For Office Use Only**

Date Received: \_\_\_\_\_

Form of Identity Produced:

Identity Verified

Birth Certificate

Passport

Consent Confirmed

Driving Licence

Other