



LIT

Freedom of Information Act 2014

Request Form

1. Details of Requester

Name: _____

Postal Address: _____

Email Address: _____

Telephone Number: _____

2. Form of Access

My preferred form of access is:

To receive photocopies by post: To inspect the original record:

To receive soft copy by email: Other (please specify): _____

3. Details of Request

In accordance with Section 12 of the FOI Act 2014, I request access to records which are:

Personal Non-Personal Mixed

I acknowledge that, before I am given access to personal information about myself, I may be asked for ID.

I acknowledge that I will not normally be given access to the personal information of another person unless I have obtained the written consent of that person.

The records I request are as follows:

Signed: _____ **Date:** _____

Please send completed forms to: FOI Officer, Limerick Institute of Technology, Moylish Park, Limerick V94 EC5T
T: +353 (0)61 293044 E: foi@lit.ie