

# Request for Access to Records

## Freedom of Information Act 2014



### 1. Details of Requester (Please use type or write in block capitals)

First Name:	<input type="text"/>	Surname:	<input type="text"/>
Address:	<input type="text"/>		
Tel:	<input type="text"/>		
Email:	<input type="text"/>		

### 2. Personal Information

(a) Before you are given access to personal information relating to yourself, you will need:

- a copy of your identification bearing your full name and photograph (for example, passport, driver's licence, etc.)

**and**

- proof of address to which the materials will be sent (for example, the top of a utility bill bearing both your name and address) – this must be less than 6 months old

**A copy of the identifying documentation accompanies this form:    Yes        No**

(b) If you are requesting personal data on behalf of the data subject, signed proof of direct authorisation must be provided with this form.

**A copy of this authorisation accompanies this form:    Yes        No**

### 3. Form of Access

My preferred form of access is: (please tick one)

(a) To receive copies of the records by post  
(b) To receive copies of the records by email  
(c) Other

please specify:

#### 4. Details of Request

In accordance with Section 12 of the FOI Act 2014, please specify if you are requesting access to records which are:

Personal

Non-personal

Mixed

In this space, please provide details of the records requested. If you are requesting personal information, please state as accurately as possible the dates the records refer to, your exact name and address at the time the records were created.

#### 5. Declaration

I declare that all the details I have given in this form are true and complete to the best of my knowledge.

Signature of applicant: \_\_\_\_\_

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

**Please send your completed application form to:**

FOI Officer,  
Mental Health Commission,  
Waterloo Exchange,  
Waterloo Road,  
Dublin 4, D04 E3W7

Or by email to [DPFOI@mhcir.ie](mailto:DPFOI@mhcir.ie)