|  |  |
| --- | --- |
| **REQUEST FOR ACCESS TO RECORDS UNDER THE FREEDOM OF INFORMATION ACT, 2014** |  |
| For the attention of: **The FOI Officer, Health Research Board, Grattan House, 67-72 Lower Mount Street, Dublin 2. D02 H634**  Email:[**foi@hrb.ie**](mailto:foi@hrb.ie) | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Details of Applicant** | | **Please use BLOCK CAPITALS** | |
| Surname |  | First Name |  |
| Postal  Address |  | | |
|  | | |
|  | | |
|  | | |
| Telephone Number |  | | |
| Email |  | | |

**My preferred form of access is:**

|  |  |  |
| --- | --- | --- |
| To receive copies of the record by post |  |  |
| To receive electronic copies of the record by email |  |  |
| Other (please state) |  |  |

**Details of Request**

In accordance with Section 12 of the FOI Act 2014, I request access to records which are (Please tick as appropriate):

|  |  |
| --- | --- |
| Personal |  |
| Non-Personal |  |

Personal Information

If you are requesting personal information, please state precisely in whose name those records are held. Before you are given access to personal Information the HRB will require proof of identity.

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 note that the HRB publishes a Disclosure Log of non-personal FOIs received.**

Please return this form to:

**FOI Officer**

**Health Research Board**

**Grattan House**

**67-72 Lower Mount Street**

**Dublin 2**

**D02 H634**

Or send it by email to[**foi@hrb.ie**](mailto:foi@hrb.ie)