



**lcetb**

Bord Oideachais agus Oiliúna  
Luimnigh agus an Chláir  
Limerick and Clare  
Education and Training Board

## REQUEST FOR ACCESS TO RECORDS UNDER THE FREEDOM OF INFORMATION ACT, 2014

### Details of Applicant (Please use Block letters)

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

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

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

\_\_\_\_\_

Home phone number: \_\_\_\_\_ Mobile number: \_\_\_\_\_

Email address: \_\_\_\_\_

### If you are making the request on behalf of an Organisation/Company, please state:

Name of Organisation/Company \_\_\_\_\_

Position you hold within the  
Organisation/Company \_\_\_\_\_

### Form of Access:

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

- To receive copies of the records by post \_\_\_\_\_
- To view originals \_\_\_\_\_
- To inspect records \_\_\_\_\_
- Other - Please specify \_\_\_\_\_

### Details of Request

In accordance with **Section 7 of the Freedom of Information Act**, I request access to records which are: *(please tick as appropriate)*

Personal  **Important: Proof of Identity must accompany this FOI request (eg. copy of official/State photographic identity document such as driver's licence, passport).**

Non-personal

*In the space provided below, please describe the records as fully as you can. If you are requesting **Personal Information**, please state precisely, in whose name those records are held. 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: \_\_\_\_\_  
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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

<b>OFFICIAL USE ONLY:</b>
Date FOI request Received: _____
Identity Verified: _____
Consent Confirmed: _____

**Please return this form to:**  
FOI Officer,  
Corporate Services Department,  
Limerick and Clare Education and Training Board  
Marshal House  
Dooradoyle Road  
Co. Limerick

or  
**Email to:**  
foi@lcetb.ie