

Application Ref No:

HUNTINGTON'S DISEASE ASSOCIATION OF IRELAND REQUEST FOR ACCESS TO RECORDS Freedom of Information Act, 2014

1. Details of Requester (PLEASE USE BLOCK CAPITALS)

Surname	Maiden Name	First Name(s)
Address		
Date of Birth		
Telephone number:	E-mail:	

2. Personal Information (If request is for non-personal information, go to **3.** below)

(a) Before you are given access to your personal information, you will need to provide proof of your identity. A copy of the identifying document accompanies this Form: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(tick one)</i>
(b) If you are requesting personal information in respect of another person, the consent of that person is also required. A copy of this consent accompanies this Form: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(tick one)</i>

3. My preferred Form of Access is: *(please tick one)*

(a) To receive photocopies <input type="checkbox"/>	(b) To inspect the original record <input type="checkbox"/>
(c) Other format <input type="checkbox"/> <i>(Please specify):</i>	

4. Signature & Date

Signed: _____	Date: _____
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5. For Office Use Only

Date Received		Signed:
Date Acknowledged		Signed:
Identity Confirmed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Signed:
Consent Verified	<input type="checkbox"/> Yes <input type="checkbox"/> No	Signed:
Access Granted	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	Date Signed:

